

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24908

State File No.

FILED JUL 28 1952

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5606 Registrar's No. 222

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Jackson Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> <u>3548</u>	
c. LENGTH OF STAY (in this place) <u>2 hr</u>		d. STREET ADDRESS (If rural, give location) <u>3310 Park Street</u>	
3. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>Highway #50 @ Brooks Stn.</u>			

3. NAME OF DECEASED: a. (First) <u>Kurt</u> (Type or Print)	b. (Middle) <u>Unknown</u>	c. (Last) <u>Kirmse</u>	4. DATE OF DEATH (Month) <u>July</u> (Day) <u>17</u> (Year) <u>1952</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 27, 1919</u>
9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>	11. BIRTHPLACE (State or foreign country) <u>Leipsig, Germany</u> <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sign builder</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Adv. Signs</u>	12. CITIZEN OF WHAT COUNTRY? <u>Naturalized</u>	

13a. FATHER'S NAME <u>Paul Kirmse</u>	13b. MOTHER'S MAIDEN NAME <u>Freda Geldner</u>	14. NAME OF HUSBAND OR WIFE <u>Vivian Kirmse</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u> (If yes, give war or dates of service) <u>xxxx</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Vivian Kirmse, Kansas City, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electrical Shock</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>contact with high voltage wire</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9145 46</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>051</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 50</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson Twp Johnson, Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9AM July 17 '52</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Accidental contact with high voltage</u>

22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased deceased on July 17 1952, and that death occurred at 9 a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kelly Rowles M.D. Coroner</u>	23b. ADDRESS <u>Johnson Co Holden Mo</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>July 21 '52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FLORIAN HILSCEM.</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>7-23-52</u>	REGISTRAR'S SIGNATURE <u>Miss James Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Canaday & Ropp, Holden, Missouri.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JUL 25 1952
RECEIVED

JOHNSON COUNTY HEALTH DEPT.

MAR 30 1964

JUL 28 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed M. L. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.