

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24924**  
**3617**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

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|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>                    |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |
| b. CITY OR TOWN <b>Kansas City</b>                               | c. LENGTH OF STAY (in this place) <b>40 yrs</b> | c. CITY OR TOWN <b>Kansas City</b>  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b> |   | e. STREET ADDRESS (If rural, give location) <b>4017 East 10th Street</b> <b>3198</b>  |   |

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|--|-------------------------------|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Herman</b> b. (Middle) <b>J.</b> c. (Last) <b>KIRSCH</b>          |                               | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 21, 1953</b>         |   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>9-30-88</b>               |
| 9. AGE (In years last birthday) <b>64</b>  |                               | IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>                         | IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Air Brake Repairman</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Shippers Car Line Co.</b>        |   |
| 11. BIRTHPLACE (City and State or Foreign Country) <b>Emporia, Kans.</b>   |                               | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>                               |   |

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| 13a. FATHER'S NAME <b>Jacob Kirsch</b> | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE <b>Ann E. Kirsch</b> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> | 16. SOCIAL SECURITY NO. <b>186-07-7407</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ann E. Kirsch</b> ADDRESS <b>4017 E. 10th, KC, Mo.</b> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Shock</b>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>89123</b><br><b>11</b> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Fractured Pelvis</b><br>DUE TO (c) <b>Lacerated Artery</b> |  |   |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |   |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|--|

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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>North Kansas City, Mo.</b> | 21c. (CITY, TOWN) OR TOWNSHIP (COUNTY) <b>600</b> (STATE) <b>Mo.</b> |
| 21d. TIME OF INJURY <b>7-20-53</b>                       | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>      | 21f. HOW DID INJURY OCCUR? <b>Struck by air Compressor</b>           |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |                                       |                                 |
|--|---------------------------------------|---------------------------------|
| 23a. SIGNATURE <b>Hugh H. Owens</b> (Degree or title) <b>Courier</b> | 23b. ADDRESS <b>1034 Beatto Place</b> | 23c. DATE SIGNED <b>7-21-53</b> |
|--|---------------------------------------|---------------------------------|

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|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>7-23-53</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b> | 24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b> |
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|---|--|---|
| DATE REC'D BY LOCAL REG. <b>7-22-53</b> | REGISTRAR'S SIGNATURE <b>Geraldine Smith</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eylar</b> ADDRESS <b>Kansas City, Mo.</b> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *5444*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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