

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give town or township) KANSAS CITY c. LENGTH OF STAY (in this place) 84 yrs.
c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI GENERAL HOSPITAL #1
1. STREET ADDRESS (If rural, give location) 5017 WALBOND 3718

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) CORGILL c. (Last) WEIR
4. DATE OF DEATH (Month) (Day) (Year) AUG. 13, 1955

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH OCT. 27, 1870 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months - Days - IF UNDER 1 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STATIONERY ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY ST. JOSEPH HOSP.
11. BIRTHPLACE (City and State or Foreign Country) OLATHE, KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME DAVID FARRIS WEIR. 13b. MOTHER'S MAIDEN NAME MARGARET BLACK 14. NAME OF HUSBAND OR WIFE FRANCES WEIR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 198-30-93589 17. INFORMANT'S SIGNATURE OR NAME WM. E. WEIR ADDRESS 5017 WALBOND K.C. MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UNDETERMINED Pulmonary atelectasis
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) fracture of right hip
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
20. AUTOPSY? YES NO

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home 21c. (CITY, TOWN, OR TOWNSHIP) Kansas City (COUNTY) Jackson (STATE) mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8-12:55 m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? fell on floor.

22. I hereby certify that I attended the deceased from 8-12, 1955, to 8-13, 1955, that I last saw the deceased alive on 8-13, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title) M.D. 23b. ADDRESS Gen. Hoop #1 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE AUG. 15, 1955 24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY 24d. LOCATION (City, town, or county) (State) KANSASCITY, MISSOURI

DATE REC'D BY LOCAL REG. 8-13-55 REGISTRAR'S SIGNATURE Neva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE C. H. BLACKMAN & SON, INC. K.C., MO. ADDRESS _____

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

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 *W.C. Prine*

Licensed Embalmer No. *487*

P. O. Address *K.C. 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.