

FILED APR 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13345

1386

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 VERMONT			
b. CITY OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 3 mo.		c. CITY OR TOWN WALKER		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5212 EAST 12th Street				e. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Ida Ethel Kirkendall			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MARCH 31 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2		8. DATE OF BIRTH Sept 11 - 1890	
9. AGE (In years last birthday) 66.5		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME HEARY PRICE		13b. MOTHER'S MAIDEN NAME ROENA JOINER		14. NAME OF HUSBAND OR WIFE GEO. KIRKENDALL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MARY K. Boyd K.C. Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary of Bony INTERVAL BETWEEN ONSET AND DEATH 3 mo ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 171X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1956 to Mar 31, 1956, that I last saw the deceased alive on 3/29/56 and that death occurred at 6:05 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. H. W. M. D.				23b. ADDRESS 4620 C. Mehol		23c. DATE SIGNED 3/31/56	
24a. BY ATAL, ANEMA FROM REMOVAL (Specify) REMOVAL		24b. DATE 4-1-56		24c. NAME OF CEMETERY OR CREMATORY NEVADA, MISSOURI		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 3-31-56		REGISTRAR'S SIGNATURE neva munsell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DuWescomer Sons K.C. Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Joseph G. Webster

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.....
Richard L. Rogers

Licensed Embalmer No...*451*

P. O. Address...*Kern*

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.