

FILED SEP 11 1956

STANDARD CERTIFICATE OF DEATH

26989

State File No.

BIRTH NO. _____ REG. DIST. NO. 147 PRIMARY REG. DIST. NO. 1005 Registrar's No. 3582

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 township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 40 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 Menorah Medical Center
e. STREET ADDRESS (If rural, give location) 3809 E. 35th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Charles b. (Middle) M. c. (Last) Kirby
4. DATE OF DEATH (Month) (Day) (Year) August 19, 1956

5. SEX Male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH November 14, 1879 9. AGE (In years Last birthday) 76 yrs IF UNDER 1 YEAR: Days _____ IF UNDER 12 HRS: Hours _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Refrigeration 10b. KIND OF BUSINESS OR INDUSTRY Armour & Co. 11. BIRTHPLACE (City and State or Foreign Country) Louisville, Kentucky 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Kirby 13b. MOTHER'S MAIDEN NAME Mary Jacobs 14. NAME OF HUSBAND OR WIFE Daisy Mae Kirby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. 510-05-5954 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Garnett P. Hagarty, 3809 E 35 Street

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 3 days
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) Essential Hypertension 5 years
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____ 331X
II. OTHER SIGNIFICANT CONDITIONS Diabetes Mellitus 10 years
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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Aug, 1947, to Aug 19, 1956, that I last saw the deceased alive on Aug 15, 1956, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE Jack W. Wolf (Degree or title) M.D. 23b. ADDRESS 409 E. 63 St 23c. DATE SIGNED 8/19/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8-24-56 24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 8-22-56 REGISTRAR'S SIGNATURE Neva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eyler, 1800 E. Linwood

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 *James E. Hackler*.....

Licensed Embalmer No. *452*.....

P. O. Address *H. P. G. M.*.....

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.