FILED DEC 11 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 40434

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5592

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION 41 W. 73rd Terr. — Length of stay in 1b: 76 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No
d. STREET ADDRESS 41 W. 73rd Terr. (If outside, give location) — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First George Middle A. Last Kirshe

4. DATE OF DEATH Month Nov. Day 24 Year 1957

5. SEX male
6. COLOR OR RACE white
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH April 2, ~~1877~~ 1878
9. AGE (In years last birthday) ~~80~~ 79 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cooper barrel makers
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Vienna, Austria
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME George Kirshe
13b. MOTHER'S MAIDEN NAME Josephine Yonke
14. NAME OF HUSBAND OR WIFE Lena Kirshe

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 488-03-9064
17. INFORMANT Lena Kirshe (wife) Address 41 W. 73rd St. Kan. City Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lobar Pneumonia — 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Thrombosis — 6 weeks
DUE TO (c) Arterio Sclerosis — 10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-7-57, to 11-24-57 and last saw him alive on 11-23-57
Death occurred at 11-24-57 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE David F. Hogan (Degree or title) MD
22b. ADDRESS 801 E. W. 39th KC Mo
22c. DATE SIGNED 11-26-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Nov. 27, 1957
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Muehlebach F. H. ADDRESS 6800 Troost
25. DATE RECD. BY LOCAL REG. 11-26-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Daniel F. Hogan

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 J. T. Cromwell

Licensed Embalmer No. 4904

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.