RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS SEP 23 1959

59-032431
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4297

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 20 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 800 East 75th Terrace — Inside Limits: Yes ☒ No ☐

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 ☐ No ☐
d. STREET ADDRESS (If outside, give location): 800 East 75th Terrace — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Paul Middle: John Last: Kirner
4. DATE OF DEATH: Month: September Day: 2 Year: 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐: Married
8. DATE OF BIRTH: 1/10/1905
9. AGE (last birthday): 54
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Treasurer
10b. KIND OF BUSINESS OR INDUSTRY: Corp. Carter- Waters-
11. BIRTHPLACE (City and state or country): Quincy, Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Charles Kirner
13b. MOTHER'S MAIDEN NAME: Anna Wherley
14. NAME OF HUSBAND OR WIFE: Elizabeth Kirner
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.: 491-07-4887
17. INFORMANT: Mrs. Elizabeth Kirner Address: 800 East 75th Terrace Kansas City Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Anemia — 2 months
DUE TO (c): Multiple Myeloma — 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): compression fracture of 7th dorsal vertebra
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
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 Oct 25 1954, to Sept 2, 1959 and last saw him alive on 9-2-59
Death occurred at 800 E 75th Terrace 12:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: J. B. Van Wye (Degree or title)
22b. ADDRESS: 3100 Broad
22c. DATE SIGNED: 9/2/59

BY AFFIDAVIT OF J. B. Van Wye

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/4/1959
23c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City Missouri
24. FUNERAL DIRECTOR: D.W. Newcomers Sons ADDRESS: 1331 Brush Creek Blvd. Kansas City Missouri
25. DATE RECD. BY LOCAL REG.: 9-3-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Norman W. Thorson

Signature of Student Embalmer

Licensed Embalmer No. 4889

P. O. Address T. C. [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co[illegible] 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.