

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

JAN 8 1942 403

Registration District No.

Primary Registration District No. 5557

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural (Raytown) Frankford
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9007 East 66th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Three months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Rural (Raytown)
(If outside city or town limits, write "RURAL")
(d) Street No. 9007 East 66th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME JOHN P. WIRTH

3. (b) If veteran, name war No 3. (c) Social Security No. 487-07-9123

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Jean Wirth 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased: July 19 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 3 10 hr. min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Price clerk

11. Industry or business McKesson Faxon Drug Co.

12. Name Elmer (Elvin) Wirth

13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary O'Conner

15. Birthplace Dallas Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Jean Wirth

(b) Address 9007 East 66th Street.

17. (a) Burial (b) Date thereof Oct 3 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director E. Clark Agent

(b) Address Raytown, Mo.

19. (a) 10-31-41 (b) McLamb
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29 year 1941
hour _____ minute _____ M.

21. I hereby certify that John P. Wirth deceased from 7:00 a. 1941
that he was alive on _____, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Shot wound of the head

Due to _____

Other conditions 164c
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Inspector

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 10-29-41
(c) Where did injury occur? K. P. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place)
(a) Means of injury 3

23. Signature John P. Wirth (M. D. or other)
Address K. P. Mo. Date signed _____

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

100

P.

365

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Clark Regent

Licensed Embalmer No.

3983

P. O. Address

Raytown, 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 this body is not embalmed, fact should be so stated above.