

FILED **DEC 16 1941**  
Registration District No. **688**

Primary Registration District No. **3032**

Registrar's No. **362**

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

1. PLACE OF DEATH:

(a) County Pettis  
 (b) City or town Sedalia  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Dean Apts  
 (If not in hospital or institution; write apartment number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
 (c) City or town Sedalia  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Dean Apts (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Walter Cormany Shirk

3. (b) If veteran, name war World War I 3. (c) Social Security No. 491-07-5267

4. Sex M. D. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 23 1892  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>1</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Insurance

12. Name Walter Bruce Shirk

13. Birthplace Mt. Carmel Ill.  
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Neva Cormany

15. Birthplace St. Scott Kans.  
 (City, town, or county) (State or foreign country)

16. (a) Informant James Shirk  
 (b) Address Kansas City Mo.

17. (a) Burial (b) Date thereof 12/15/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director M. Laughlin  
 (b) Address Sedalia

19. (a) 12/15/41 (b) Anna Berger  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14  
 year 1941 hour 4:30 minute A M.

21. I hereby certify that I attended the deceased from October 1941 to Dec 14 1941  
 that I last saw him alive on Dec 13 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Sda

Due Angina Pectoris 3 mos.

Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 948  
 Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (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) (e) Means of injury TI

23. Signature A. L. Walter (M. D. or other) M.D.  
 Address Sedalia Mo. Date signed 12-15-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JAN 13 1942

JUN 12 1942

---

---

**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..... Robert H. Reed .....

Licensed Embalmer No. 3745

P. O. Address Bedalia 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.**