WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40966

1. PLACE OF DEATH
County Jackson — Registration District No. 3 — File No. [illegible]
Township Raw — Primary Registration District No. [illegible] — Registered No. [illegible]
City Kansas City (No. 3121 Gillham Road St. Ward)

2. FULL NAME Mrs. Kate ~~Hinkle~~ Henkel
(a) Residence, No. 3121 Gillham Road St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 12-1876
7. AGE YEARS 55 MONTHS 3 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry-Owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER FATHER
13. NAME Andrew Wirges
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Margaret Wolter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) William O. Kessler Kansas City Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington Cemetery DATE December 14 1931
19. UNDERTAKER (ADDRESS) John J Sheehan Kansas City Missouri
20. FILED 12/13 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 11, 1931
22. I HEREBY CERTIFY, That I attended deceased from April 14, 1930, to Dec 11, 1931
I last saw her alive on Dec 11, 1931. Death is said to have occurred on the date stated above, at 1:15 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	
131 95B 131	

Other contributory causes of importance:
Chronic Nephritis

Name of operation none Date of —
What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John O. Skinner, M. D.
(Address) 325-336 Lathrop Bldg

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Jackson }

State File No. 4096631

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4954

On this 27th day of October, 1948, before me appears Jos. F. Kessler, who, upon his oath, states that the original record of birth/death for Mrs. Kate Hinkle, died/born December 11, 1931, in the State of Missouri, and which was filed at Kansas City, Missouri on 12-13-, 1931 should be corrected as follows:

Item No. 2 should read Mrs. Kate Henkel
Instead of Mrs. Kate Hinkle

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Jos F Kessler Nephew
Relationship.

5940 Oak St K C Mo
Present Address.

Subscribed and sworn to before me this 27th day of October, 1948.

My Commission expires August 27, 1952 James H. Bernard Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817