

JAN 19 1937

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

Do not use this space.

44682

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
No. 1911 E. Thirty-fifth

File No. 5059
Registered No. 5059
St. Ward

2. FULL NAME John Hink

(a) Residence. No. 1911 E. 35th St., 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Hink

17. I HEREBY CERTIFY That John Hink deceased from Nov 27 1936 to Dec 4 1936 that I last saw h.i.m. alive on Dec 4 1936 and that death occurred, on the date stated above, at m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13, 1876

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 8 21

Branchopneumonia

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Maintenance work
(b) General nature of industry, business, or establishment in which employed (or employer) Foundry
(c) Name of employer Locomotive Products

CONTRIBUTORY (SECONDARY) 10/10/36

9. BIRTHPLACE (CITY OR TOWN) Nickel
(STATE OR COUNTRY) Austria, Europe

18. WHERE WAS DISEASE CONTRACTED On his job (probably)
IF NOT AT PLACE OF DEATH.

10. NAME OF FATHER John Hink

DID AN OPERATION PRECEDE DEATH. no DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nickel
(STATE OR COUNTRY) Austria, Europe

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Moriah

20. UNDERTAKER M. Skradski and Son

12. MAIDEN NAME OF MOTHER Rose Kratchmer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carlsbrunn
(STATE OR COUNTRY) Austria, Europe

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, the MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs. Margaret Hink
(Address) 1911 E. 35th St., KCMo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Moriah DATE OF BURIAL Dec. 7 1936

15. Dec 5, 36 M.M. Brown
FILED 1936 REGISTRAR

20. UNDERTAKER M. Skradski and Son ADDRESS K. C. K

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. Do not use this space.

