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.

REC'D AUG 8 1938

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

24550
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
Registration District No. 399
Primary Registration District No. 10 02
Registered No. 3055
(d) Street No. 4100 Michigan St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 32 yrs. mos. ds. (f) How long in U. S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME Mrs. Elizabeth Jeffers KINNEY. 500
(a) Residence, No. 4100 Michigan. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fenale
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John J Kinney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7/28/1859.

7. AGE: Years 79 | Months 0 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: AT HOME
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): StLouis, Missouri

FATHER
13. NAME: David Jeffers 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England 4

MOTHER
15. MAIDEN NAME: Bridget Hines 5
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): George H. Kinney 7140 Oak, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE 8/1/38. 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Mellody - McGilley K. C. Mo.

20. FILED July 31st 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/29 1938

22. I HEREBY CERTIFY, That I attended deceased from June 5 1938, to July 29th 1938
I last saw h. alive on July 28th 1938. Death is said to have occurred on the date stated above, at 9 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 yrs
Coronary Sclerosis Coronary	2 weeks
Acidosis - surgical wks	
131	

Other contributory causes of importance:
Chronic Hypertension

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Laboratory 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) L. S. Russell M. D.
(Address) 3034 Tracy

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 me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.