

5520 JUN 8 1939

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

17776
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395
(b) Township Kaw Primary Registration District No. 1007
(c) City of Kansas City (d) Street No. 3230 E. 32nd St. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 2178

2. PRINT FULL NAME 504 Mrs. Florence KINNEY.

(a) Residence, No. 3230 E. 32nd St. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ROLLANO KINNEY.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 22, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 8 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as 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) Kansas City Missouri.

FATHER 13. NAME Thomas Turney.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

MOTHER 15. MAIDEN NAME Caras Stout

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

17. INFORMANT (ADDRESS) Rolland Kinney 3230 E. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 5-20-39.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hellody-McGillev. K. C. Mo.

20. FILED May 25 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1939

22. I HEREBY CERTIFY, That I attended deceased from May 14 1939, to May 23 1939
I last saw her alive on May 20 1939 Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

① Acute myocardial infarction
② Mitral regurgitation (reflexogenic)
Date of onset 2
131

Other contributory causes of importance: Chronic Nephritis?

Name of operation No Date of No
What test confirmed diagnosis? Feb. 1939 Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury X; 19...
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. C. ...
(Address) 2245 Broadway

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.

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 comply with the above constitutes grounds for revocation of license.)

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