

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10682

Registration District No. 197

Primary Registration District No. 5276

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town North Kansas City, (Rural)  
(c) Name of hospital or institution:  
Route #8  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 25 years  
years, months or days)

3. (a) PRINT FULL NAME Charles Earl Kinsey

3. (b) If veteran, name war no 3. (c) Social Security No. 495-05-3166

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife single 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased July 7, 1895  
(Month) (Day) (Year)

8. AGE: Years 44 Months 8 Days 17 If less than one day  
hr. min.

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

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

12. Name Andrew L. Kinsey

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Eva A. Bennett

15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Thos. A. Kinsey

(b) Address North K. C. Mo. Route #8

17. (a) Burial (b) Date thereof 3-26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo.

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North Kansas City, Mo.

19. (a) Mar. 24 1940 (b) John J. Minton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town North Kansas City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #8  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1940 hour 11:30 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from March 23  
1940 to March 24 1940  
that I last saw him alive on March 24 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of esophagus

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions #6  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

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) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature W. C. Langston (M. D. or other) \_\_\_\_\_

Address North Kansas City Date signed 3-24

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Langhus

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 4-11-40

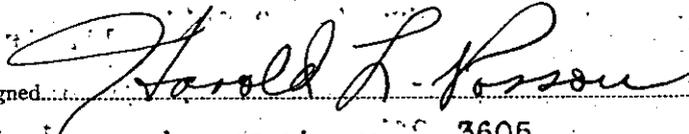
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

**Harold L. Posson**

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... 

Licensed Embalmer No. **3605**

P. O. Address **North Kansas City, 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, above space should be left blank.**