

6. No. 2
-11-10-39
5-17-41
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13991
Registrar's No. 1706

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 3806 College Ave
(d) Length of stay: In hospital or institution 21 years
In this community 21 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3806 College Avenue
(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME Mr. Henry W. Kinahan

3. (b) If veteran, name war Not A Veteran 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Ella Kinahan 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased January 5 1885

8. AGE: Years 85 Months 3 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Illinois

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Thomas Kinahan
13. Birthplace Unknown Ireland
14. Maiden name Taylor
15. Birthplace Unknown Scotland

16. (a) Informant Thor. J. Kinahan
(b) Address 3806 College

17. (a) Burial (b) Date thereof April 22, 1940
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Neumann
(b) Address 1401 Brush Creek Blvd.
19. (a) 4-22-1940 (b) M. M. Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 20
year 1940 hour 1 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1 - 1940 to April 4 1940
that I last saw him alive on April 3 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
myocardial infarction

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Carl A. Johnson (M. D. or other) M.D.
Address 1103 E. Center Date signed 4-20-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Mr. Jackson
110 E. Ann
Till 4 P.M.

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 Kenneth Page Sipe
Licensed Embalmer No. 4128
P. O. Address 1509 Bush Creek Blvd.

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.