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23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31135

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3698

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 415 East 60th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")
0
(d) Street No. 3423 East 9th. Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME CarolineAmelia Guempelein

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Albert Guempelein

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased April (Month) 10 (Day) 1868 (Year)

8. AGE: Years 72 Months 5 Days 11 If less than one day ____ hr. ____ min.

9. Birthplace Brooklyn (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Frederick Preston Hinkley
13. Birthplace (City, town, or county) New York (State or foreign country)
14. Maiden name Caroline Gertrude Paige
15. Birthplace (City, town, or county) New York (State or foreign country)

16. (a) Informant Miss Ruth V. Guempelein
(b) Address 3423 East 9th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-24 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Mrs C.R. Foster
(b) Address 916 Brooklyn

19. (a) 9-23-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 21st.
year 1940 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased once
9-21, 1940 to ____, 19____;
that I last saw her alive on 9-21-40, 19____;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	7 days
Due to: Rupture of Cerebral Artery	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic Interstial Nephritis	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Gordon P. Barnett (M. D. or other) M.D.
Address 252 Plaza Bank Date signed 9-23-40

(Licensed Embalmer's Statement on Reverse Side)

Val.*[illegible]** 0610

Res. 7 E 70
Ga 4419

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 Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address K.C. mo.

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

If this body is not embalmed, fact should be so stated above.