

NOV 12 1940
Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 24 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Minnie Kingsbaker Block

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: Widowed

6. (b) Name of husband or wife Sigmund Block

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

7. Birth date of deceased Sept. 1 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>1</u>	<u>21</u>	____ hr. ____ min.

9. Birthplace Frederick, Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Sol Kingsbaker

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

14. Maiden name Bertha Seifenseder

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

16. (a) Informant Lou K. Block

(b) Address 2615 Linwood Blvd.

17. (a) Burial (b) Date thereof 10-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 W. 42nd. Street

19. (a) 10-24-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2615 Linwood
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22
year 1940 hour 4¹⁰ minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 3, 1940 to Oct 22, 1940
that I last saw her alive on Oct 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia 2 days

Due to _____

Due to _____

Other conditions 105
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? _____ (f) Means of injury _____

23. Signature Charles M. Whelan (M. D. or other) _____
Address Professional Bldg Date signed 10/24/40

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~~

..... Registered Apprentice No.

working under my personal supervision.

Signed

Clarence W. Chiles

Licensed Embalmer No.

3473

P. O. Address

96 E. 7th St.

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, fact should be so stated above.