No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 8 1949

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41290

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 4683

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 20

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. 3903 E. 60th St. Terrace (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Ruby Kinman
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Harvey R. Kinman
6. (c) Age of husband or wife if alive: 39 years
7. Birth date of deceased: Oct. (Month) 24 (Day) 1913 (Year)

8. AGE: Years 27 | Months 1 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace: no (City, town, or county) 0 (State or foreign country)
10. Usual occupation: housewife 0
11. Industry or business: 0
MOTHER FATHER
12. Name: John Maples
13. Birthplace: no (City, town, or county) (State or foreign country)
14. Maiden name: Fanny Larmore
15. Birthplace: no (City, town, or county) (State or foreign country)
16. (a) Informant: Harvey R. Kinman
(b) Address: 3903 E. 60 St Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 9 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn
18. (a) Signature of funeral director: Mrs. C. L. Forster
(b) Address: 718 Broadway
19. (a) 12-9-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6th year 1940 hour 3 minute 15 P M.
21. I hereby certify that I attended the deceased from 11-26-40, 19__, to 12-6-40, 19__; that I last saw her alive on 12-6-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute hemorrhagic pancreatitis with diffuse fat necrosis — Duration
Due to: 930
Due to:
Other conditions (Include pregnancy within 3 months of death): Toxic myocardial degeneration; Pulmonary edema and atelectasis; chronic
Major findings: passive congestion of liver
Of operations:
Of autopsy: See above

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: 1

23. Signature: Henry R. Shore (M. D. or other)
Address: Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Mo

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2570

P. O. Address KC Mo

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

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