

S. No. 2  
4-13-40  
5-17-39  
P. I. X2313

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41524

JAN 8 1941  
399

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 4917

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 1818 Montgall  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 20 yrs (Specify whether \_\_\_\_\_)  
years, months or days

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. 1818 Montgall  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME James A. Kingery

(b) If veteran, name war no (c) Social Security No. no

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Divorced

(b) Name of husband or wife Alma Kingery 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased Jan 13 - 1894  
(Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Carpenter

11. Industry or business 0

12. Name Jas. H. Kingery

13. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Alpha J. Kumberling

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

16. (a) Informant Mr. Alpha Jones  
(b) Address 1818 Montgall

17. (a) Removal (b) Date thereof Dec 26 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Woodridge Mo.

18. (a) Signature of funeral director Miss CK Foster  
(b) Address 718 Brooklyn R.C. Mo

19. (a) 12-26-40 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24  
year 1940 hour 7 minute 2 M.

21. I hereby certify that I attended the deceased from 12-23  
\_\_\_\_\_, 1940, to 12-24, 1940  
that I last saw him alive on 12-23, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration \_\_\_\_\_

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

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

Other conditions Chronic Intest Regurgitation  
(Include pregnancy within 3 months of death)  
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? \_\_\_\_\_

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

23. Signature J. Swaby (M. D. or other) \_\_\_\_\_  
Address 1401 Prospect Date signed 12-24-40

**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 Me

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

working under my personal supervision.

Signed *[Signature]*

Licensed Embalmer No. 4139

P. O. Address *[Signature]*

**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.**