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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7201

FILED MAR 17 1941

Registration District No. 7005 Primary Registration District No. 555-32 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Prairie Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Home for the Aged & Infirm (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year 2 (Specify whether years, months or days)

In this community 55 years

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 313 E. 14th St (If rural, give location)

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

3. (a) PRINT FULL NAME Thomas Joseph Kinny

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar (Month) 20 (Day) 1864 (Year)

8. AGE: Years 76 Months 2 Days 24 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant W. F. McCarthy

(b) Address Little Blue, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-17-41 (Month) (Day) (Year)

(c) Place: burial or cremation Lees Summit Mo

18. (a) Signature of funeral director N. B. Langford

(b) Address Lees Summit Mo

19. (a) 2-15-41 (Date received local registrar) (b) Lena F. Burns (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 14 day year 1941 hour 4:30 minute a M.

21. I hereby certify that I attended the deceased from Feb 9th 1941, to Feb. 14 1941, that I last saw him alive on Feb. 13th 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Pulmonary Edema	9 days
Due to Chronic Myocarditis	2 yrs
Due to	
Other conditions (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? (Specify type of place)

While at work (e) Means of injury

23. Signature Floyd B. Dailey (M. D. or other) (D)

Address 419 N. Vineland Date signed 3/18/41

(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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1383

P. O. Address Lees Summit,

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.