

S. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9634
Registrar's No. 1043

Registration District No. 399 Primary Registration District No. 1002

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 6 Days
(Specify whether
In this community 30 yrs
years, months or days)

3. (a) PRINT FULL NAME Nina E. Kohr
3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Femal / 5. Color or race White
6. (a) Single, widowed, married, divorced Widow /
6. (b) Name of husband or wife Joseph E. Kohr 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Dec 22 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 2 20 hr. min.

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

10. Usual occupation at home.

11. Industry or business
12. Name Wm Anderson Gill
13. Birthplace Penn /
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Brazzell
15. Birthplace Ind. /
(City, town, or county) (State or foreign country)

16. (a) Informant Lyle G. Le Shure
(b) Address 409 So Oakley

17. (a) Removal (b) Date thereof Mar 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Newton Kansas

18. (a) Signature of funeral director Mrs. C. R. Foster
(b) Address 914 Brooklyn

19. (a) 3-13-41 (b) M. M. Crause
(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. 519 South Drury
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1941 hour 6 minute 20 P. M.
21. I hereby certify that I attended the deceased from Aug - 1940
to March 12 1941
that I last saw her alive on March 11 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
acute Hepatitis
Gall Stones
Due to Gall Stones
Due to 126
Other conditions (Include pregnancy within 3 months of death)

Major findings: Hepatitis
Of operations Gall Stones
Of autopsy yes

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?

While at work? (Specify type of place) (c) Means of injury 0
23. Signature M. J. Carmel
Address 6520 S. Maple Ave Date signed 3-13-41

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

4
8000

BT - Wisconsin
OB 0756
10520 2nd Blvd.
11:30 a.m. 11:45

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

David C. Browning

Licensed Embalmer No. 2724

P. O. Address J. C. my

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.