

MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13918

State File No. _____

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 392

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution 109 Edmond
(If not in hospital or institution, write street number or location)

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

In this community 15 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 211 Ballanger Bldg.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOHN F. KINZIE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Edna Elsa Kinzie

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Jan. 19th. 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 2 16 hr. min.

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

10. Usual occupation Hardware Dealer

11. Industry or business _____

MOTHER FATHER { 12. Name Godfrey Kinzie

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

14. Maiden name Mattie Martin

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

16. (a) Informant Mrs. Edna Kinzie

(b) Address 211 Ballanger Bldg. St. Joseph

17. (a) Removal (b) Date thereof 4--8--41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiawatha, Kansas.

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) Apr. 8, 1941 (b) H. F. Mundy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th.
year 1941 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from on
April 5, 1941, to _____, 19____;

that I last saw him in his home and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Mitral insufficiency, Coronary Thrombosis,

Due to _____

Due to 92 10

Other conditions _____

(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy no

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? 85

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature H. F. Mundy (M. D. or other) Coroner
Address 404 So 3d St Date signed 4/7/41

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

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.....

Carl W. House

Licensed Embalmer No. *3955*

P. O. Address *St. Joseph, Mo.*

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.