

AN 24 1942

State File No. ....

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4582

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:  
616 East 59th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ---  
(Specify whether  
In this community 39 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>048</sup>  
(c) City or town Kansas City <sup>P</sup>  
(If outside city or town limits, write "RURAL")  
(d) Street No. 616 East 59th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. --- <sup>0</sup> years.

3. (a) PRINT FULL NAME Dr. Albert Thomas Kinsley

3. (b) If veteran, name war No 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 Mrs. Anna Smith Kinsley 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased. February 26 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>9</u>	<u>10</u>	hr. min.

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

10. Usual occupation Veterinarian and Founder

11. Industry or business Kinsley Laboratories

12. Name John Kinsley

13. Birthplace Lincoln England <sup>4</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Footit

15. Birthplace Newton England <sup>4</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Smith Kinsley  
(b) Address 616 East 59th Street

17. (a) Burial (b) Date thereof Dec. 10, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director O. H. Newcomer's son  
(b) Address 1401 Brush Creek Blvd.

19. (a) Dec 10-1941 M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th  
year 1941 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from Dec 8 1938  
1941, to Dec 8 1941,  
that I last saw him alive on Dec 8 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Parkinson Disease <sup>3 1/2</sup>

Due to Generalized art. scl. <sup>3 yrs</sup>

Due to 87c

Other conditions ---  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations ---

Of autopsy same as above

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) Means of injury ---

23. Signature C. L. Green (M. D. or other) <sup>0</sup>  
Address 1032 E. 27th St. C. Mo. Date signed 12/9/41

Duration  
3 1/2  
3 yrs  
87c  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

FEB 10 1942

**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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *N. C. 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, above space should be left blank.**