

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED JUL 17 1942

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2637

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:
807 E. 14th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 1911 (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. 807 East 14th Street
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Isaac Kingery

3. (b) If veteran, name war -

3. (c) Social Security No. 487-12-7235

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 7, year 1942 hour 9:55 minute A. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife ink 6. (c) Age of husband or wife if alive ink years

7. Birth date of deceased. Oct. 17, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Anna 19.....
that I last saw him ink alive on ink 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death Death by natural causes Duration

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

65	8	20	hr. min.
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Due to 200A

Due to _____

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

10. Usual occupation Plaster

11. Industry or business.....

MOTHER FATHER

12. Name Elisa Kingery

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

14. Maiden name Emma Demoss

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: ink

Of operations.....

Of autopsy ink

PHYSICIAN ink

Underline the cause to which death should be charged statistically.

16. (a) Informant E. D. Kingery

(b) Address 8041 Euclid

17. (a) Burial (b) Date thereof 7-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director R. V. Lindsey & Sons

(b) Address 3911 Broadway

19. (a) 7-10-42 (b) ink
(Date received local registrar) (Registrar's signature)

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 ink (Specify type of place) (Means of injury)

23. Signature ink (M. D. or other) ink

Address ink Date signed ink

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

ink

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.....

Leon H. Stewart

Licensed Embalmer No.....

P. O. Address.....

4177
Hanover City, Md

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.