S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20328

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 2638

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hosp. A
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community: Research Hospital 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Barry. 5
(c) City or town: Kansas City. Fusey
(If outside city or town limits, write "RURAL")
(d) Street No.: Butterfield - Rural. 8
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3. (a) PRINT FULL NAME: MAUD KINSER
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: RICHARD KINSER
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: March (Month) 12 (Day) 1874 (Year)

8. AGE: Years	Months	Days	If less than one day
68 58	3	28	hr. min.

9. Birthplace: Barry Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife. Own home
11. Industry or business:
12. Name (FATHER): J. J. Ray.
13. Birthplace (FATHER): (City, town, or county) Kentucky (State or foreign country)
14. Maiden name (MOTHER): Sarah Alice Beatty
15. Birthplace (MOTHER): (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant: Floyd Ray
(b) Address: Higginsville, Mo.
17. (a) Rem. (Burial, cremation, or removal) (b) Date thereof 7-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Pleasant
18. (a) Signature of funeral director: Blankenship
(b) Address: Manett & Purdy
19. (a) 7/10/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day tenth year 1942 hour six minute thirty A.M.
21. I hereby certify that I attended the deceased from June 28, 1942 to July 10, 1942 and that I last saw her alive on July 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary embolus	
Due to Stasis of circulation	
Due to weakened condition, post operative	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Emphysema of gall bladder, cholelithiasis
Of autopsy: Extensive thrombi (gross) of lung & pulm. vess.

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: Walter H. Halbrook M.D. (M.D. or other)
Address: Research Hospital Date signed 7/10/42

361 (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 L. H. Blankenship

Licensed Embalmer No. 2793

P. O. Address.....

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.