

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
523 North 7th Street, Apt. 108
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri, (b) County Buchanan
 (c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 523 No. 7th Street, Apt. 108
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME ALINE PRICE KINDERGAN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph Kindergan 6. (c) Age of husband or wife if alive 50 yrs years

7. Birth date of deceased January 16th 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>8</u>	<u>11</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER

12. Name Frank M. Chapman

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

14. Maiden name Ada Barker

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

16. (a) Informant Capt. Joseph Kindergan

(b) Address 523 North 7th Street

17. (a) Burial (b) Date thereof 9/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth, Kansas

18. (a) Signature of funeral director H. Eaton - 319 South 10th Street, St. Louis

(b) Address 319 South 10th Street, St. Louis

19. (a) 9-29-42 (b) Rae Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27 year 1942 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept 16, 1942, to Sept 27, 1942 that I last saw him ex alive on Sept 27, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis Duration 7 yrs.

Due to Coronary Arteriosclerosis + myocarditis - chr. 3 yrs. 7 yrs.

Due to.....

Other conditions Bronchitis - chr. 7 yrs.

(Include pregnancy within 3 months of death)

Major findings: Of operations none 9/30

Of autopsy none

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 J. T. Bloomer (M. D. or other) M.D.

Address 1218 N. 3rd St. Date signed 9/29/42

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

DEC 17 1949

DEC 16 1949

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, Sept 27-19

....., Registered Apprentice No.....
working under my personal supervision.

Signed Wm. E. Zimmerman

Licensed Embalmer No. 5007

P. O. Address 519 So 10 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.