

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17012

State File No. \_\_\_\_\_

X32873

FILED JUN 7 1949

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 2137

1. PLACE OF DEATH:

(a) County. Jackson

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

(c) Name of hospital or institution: 5612 E 27th  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 25 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson 48

(c) City or town. Hann City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 5612 E 27th 8  
(If rural, give location)

(e) Citizen of foreign country? No 0  
(Yes or No)

If yes, name country. \_\_\_\_\_

3. (a) PRINT FULL NAME. Kinzi, Emilie

3. (b) If veteran, name war. no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. May day. 5  
year. 1943 hour. 8 am minute. M.

21. I hereby certify that I attended the deceased from 4-2-43  
19. to 5-5-43, 19. ;  
that I last saw h. alive on 5-4-43, 19. ;  
and that death occurred on the date and hour stated above.

4. Sex. F 11

5. Color of race. W

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

6. (b) Name of husband or wife. August

6. (c) Age of husband or wife if alive. 8 years

7. Birth date of deceased. Dec 18 1868  
(Month) (Day) (Year)

Immediate cause of death. Arteriosclerosis

Due to. 97

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

8. AGE: Years 74 Months 48 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

10. Usual occupation. Homemaker

11. Industry or business. at Home

12. Name. Joe. Ranks 4

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

14. Maiden name. Jankovics

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

16. (a) Informant. Mrs. Wally Shornick

(b) Address. 5612 E 27th

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof. 5/8/43  
(Month) (Day) (Year)

(c) Place: burial or cremation. Mt. Moriah

18. (a) Signature of funeral director. Snow-Mayberry

(b) Address. 3/8/43

19. (a) 3/8/43  
(Date received local registrar)

(b) M. M. Browne  
(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 \_\_\_\_\_  
(Specify type of place) (e) Means of injury

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

Address. 3200 1/2 4th  
Date signed. 5-5-43

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 Roy E Snow  
Licensed Embalmer No. 2560  
P. O. Address K E M

**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.**