No. 2
1-4-41
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X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 19[redacted]

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20866

Registration District No. 85 42 — Primary Registration District No. ~~1001~~ 1000 — Registrar's No. 636

1. PLACE OF DEATH:
(a) County: BUCHANAN
(b) City or town: ST. JOSEPH (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 7 mos 23 days (Specify whether years, months or days)
In this community: yes

2. USUAL RESIDENCE OF DEACESED:
(a) State: Mo (b) County: Jackson
(c) City or town: Buckner Mo (If outside city or town limits, write "RURAL")
(d) Street No.: Rural (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Susan Pearl Kinchloe
3. (b) If veteran, name war: No
3. (c) Social Security No.: Nil
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Deceased
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: Unknown (Month) (Day) (Year)

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

9. Birthplace: Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation: House keeper
11. Industry or business: at home
FATHER
12. Name: not given
13. Birthplace: ✓ (City, town, or county) ✓ (State or foreign country)
MOTHER
14. Maiden name: Not given
15. Birthplace: ✓ (City, town, or county) ✓ (State or foreign country)
16. (a) Informant: Clinton A Murphy
(b) Address: Buckner Mo
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 6/1/1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Buckner, Mo.
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 13th. & Faraon St., St. Joseph, Mo.
19. (a) 6-1-43 (Date received local registrar) (b) Ace Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5/31 day ____ year 1943 hour 11 minute 35 P.M.
21. I hereby certify that I attended the deceased from Jan 15 1943 to May 31 1943 that I last saw h[illegible] alive on May 31 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic pneumonia	1 wks
Due to: Fractured hip due to accidental fall to floor	4 wks
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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): accident
(b) Date of occurrence: 4 weeks previous
(c) Where did injury occur? St Joseph (City or town) Buchanan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Owned at State Hospital # 2 (Specify type of place)
While at work? No (e) Means of injury: slipped on floor
23. Signature: G E [illegible] (M. D. or other)
Address: State Hospital # 2 Date signed 6/1/1943

(Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo.

1233

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 Geo E Daniel

Licensed Embalmer No. Missouri 3300

P. O. Address St. Joseph, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.