No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 3 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17068

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 2316

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: 3027 TROOST AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
(Specify whether
In this community 32 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48 3
(c) City or town KANSAS CITY 8
(If outside city or town limits, write "RURAL")
(d) Street No. 3027 TROOST AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME MRS. JENNIE EWING KINKEAD
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. REID KINKEAD
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased DECEMBER (Month) 5 (Day) 1858 (Year)

8. AGE: Years 85 | Months 5 | Days 23 | If less than one day ___ hr. ___ min.

9. Birthplace WELLINGTON (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business --
FATHER
12. Name JOHN PORTER
13. Birthplace (City, town, or county) VIRGINIA (State or foreign country)
MOTHER
14. Maiden name ANNIE PRICE
15. Birthplace (City, town, or county) VIRGINIA (State or foreign country)
16. (a) Informant Mr. Ernest Kinkead
(b) Address 735 E 63 Ter
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof May 31-44 (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL CEM
18. (a) Signature of funeral director D. K. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 5-30-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28TH year 1944 hour 10 minute 10 P. M.
21. I hereby certify that I attended the deceased from 8 Pm May 28, 1944 to May 28, 1944
that I last saw her alive on May 28, 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Heart failure — Duration
Due to Arteriosclerotic heart disease
Due to High blood pressure
Other conditions Gall stones
(Include pregnancy within 3 months of death)
Major findings:
Of operations 93d
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)
(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. J. Davis (M. D. or other)
Address 1010 Prof Bd Date signed 5/29

(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 E. Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City.

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.