

20708

FILED JUL 8 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2732

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: General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days 0  
(Specify whether years, months or days)

In this community 21 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 415 W. 15th  
(If rural, give location)

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

If yes, name country n

3. (a) PRINT FULL NAME FRANK KINSER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Div 3

6. (b) Name of husband or wife unk

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

7. Birth date of deceased June 13 1903  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
year 1944 hour 6 P.M. minute 4 M.

21. I hereby certify that I attended the deceased from June 13, 1944, to June 30, 1944;  
that I last saw him alive on 6-30-44, 1944,  
and that death occurred on the date and hour stated above.

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

41 0 17 hr. min.

Immediate cause of death Pulmonary tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation Wool & fur trader

PHYSICIAN 1361

Underline the cause to which death should be charged statistically.

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

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

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name John Wesley Kinser

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

14. Maiden name Goodman

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

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? \_\_\_\_\_

16. (a) Informant Jennie Kinser

(b) Address 413 W. 15th

17. (a) burial (b) Date thereof 6-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amsterdam MO

18. (a) Signature of funeral director Archer Mangold

(b) Address Amsterdam Mo

19. (a) 6-30-44 (b) T. E. Brown (WZ)  
(Date received local registrar) (Registrar's initials)

While at work? no (Specify type of place)

(c) Means of Injury \_\_\_\_\_

23. Signature A. E. Cooper (M. D. or other)

Date signed \_\_\_\_\_

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

2-43  
7-39  
X35897

**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. R. Mansfield*

Licensed Embalmer No.....

*3612*

P. O. Address.....

*Amsterdam 1*

**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.**