

FILED SEP 26 1944
Registration District No. **1999**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
116 West 38th, Street.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 40 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank M. KINLEN

3. (b) If veteran, No **3. (c) Social Security** 496-09-4698
name war No. No.

4. Sex Male **5. Color or race** White
Male Female White Black

6. (a) Single, widowed, married, divorced Single
Single Widowed Married Divorced

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

7. Birth date of deceased March 6th 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>6</u>	<u>2</u>	hr. min.

9. Birthplace Danville Pennsylvania
(City, town, or county) (State or foreign county)

10. Usual occupation Retired Contractor

11. Industry or business

MOTHER FATHER { **12. Name** James Kinlen

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

14. Maiden name Mary McCormick

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

16. (a) Informant Miss Adele Kinlen.
 (b) Address 116 West 38th, Street.

17. (a) Burial, cremation, or removal Burial **(b) Date thereof** 9-11-44
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Melody-McCulley
 (b) Address Kansas City Mo.

19. (a) 9-11-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson **49**
 (c) City or town Kansas City Mo. **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. 116 West 38th, Street. **1**
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country ()

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8th
 year 1944 hour 10 minute 50 AM.

21. I hereby certify that I attended the deceased from Sept 21st
1944 to Sept 8th 1944
 that I last saw him alive on Sept 8th 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach with metastasis
 Duration 6 mo.

Due to 4615

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: as above at St. Mary's Hospital 9-9-44
 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)
 (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? (Specify type of place) Means of injury

23. Signature David H. Reeder (M.D. or other) D.O.
 Address 2-21-37 St. R.C. Mo. Date signed 9-8-44

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.....

Licensed Embalmer No. 2955

P. O. Address..... KL

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.