

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 14 1944

Registration District No. 147

Primary Registration District No. 5569

Registrar's No. 175

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

1. PLACE OF DEATH:

(a) County JACKSON
 (b) City or town KANSAS CITY - RURAL
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
55th & Northern Blvd. R.R. #3, K.C. Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 50 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY - RURAL
(If outside city or town limits, write "RURAL")
 (d) Street No. 55th Northern Blvd. R.R. #3
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mr. William B. Kinnamon

3. (b) If veteran, name war NONE
 3. (c) Social Security No. 488-22-1600

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWER
 6. (b) Name of husband or wife MARY LAPIERRE KINNAMON
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased SEPTEMBER 6 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 2
If less than one day
 hr. _____ min. _____

9. Birthplace ADAMS COUNTY ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation DAIRY MAN

11. Industry or business _____

12. Name ISAAC KINNAMON

13. Birthplace _____

14. Maiden name MARGARET E. EDWARDS

15. Birthplace TENNESSEE

16. (a) Informant MRS. BUTH FENDLETON

(b) Address 55th & Northern Blvd. R.R. #3, K.C. Mo

17. (a) BURIAL (b) Date thereof SEPT. 12 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. ST. MARY'S CEMETERY

18. (a) Signature of funeral director D. J. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 9/11/44 (b) Mildred Darwin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8th
 year 1944 hour 11:45 minute _____ M.

21. I hereby certify that I attended the deceased from Aug 30, 1944 to Sept 8, 1944
 that I last saw him alive on Aug 31, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Duration _____

Due to Cardio-Vascular disease years _____

Due to _____

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

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN 938
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? _____

While at work? _____
(Specify type of place) (c) Means of injury

23. Signature Robert Concomast (M. D. or other) _____

Address Raytown, Mo Date signed 9/14/44

1154

MAY 25 1949

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 Toth*.....

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 with the above constitutes grounds for revocation of license.)

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