

FILED OCT 29 1944 149
Registration District No. _____

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
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Phentley Provident Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)
 In this community 1 day

3. (a) PRINT FULL NAME William G. Pinkard
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex Male 5. Color or race negro
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife unk
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 4 25 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 21
If less than one day hr. min.

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

10. Usual occupation House Inspector

11. Industry or business H. C. Stockiford

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant German Pinkard

(b) Address 4101 Minnie

17. (a) Burial (b) Date thereof 10-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill, Mo.

18. (a) Signature of funeral director W. W. Jones

(b) Address 440 State

19. (a) 10-19-44 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 Street No. 4101 Minnie
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 2

MEDICAL CERTIFICATION

19. DATE OF DEATH: Month 10 day 16
 year 1944 hour 1 minute 40 M.
 21. I hereby certify that I attended the deceased from Oct. 15, 1944, to Oct. 16, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Heart Attack
 I last saw h. _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

Due to repeated Chronic

Due to Subacute Infarction
(Volvulus)

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

Major findings: _____
 Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature H. E. Brown (M. D. or other) M.D.
 Address 4134 Olive Date signed 10-18-44

Duration

2 hr

7 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Eugene English*

Licensed Embalmer No. *4105*

P. O. Address *440 State Ave N.*

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.