

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15930**  
Registrar's No. **2193**

FILED JUN 1 1945

Registration District No. **149** 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: **General Hosp.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 hours**  
(Specify whether years, months or days)

In this community **2 years**

3. (a) PRINT FULL NAME **Martin Kinchle**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife

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

7. Birth date of deceased **June 27th, 1880**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>64</b>	<b>63</b>	<b>16</b>	<b>22</b>
				hr. min.

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

10. Usual occupation **Custodian**

11. Industry or business **Kensington School**

MOTHER FATHER

12. Name **John Kinchle**

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

14. Maiden name **Drewsella Bryant**

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

16. (a) Informant **Mrs Charles Hunter**

(b) Address **1821 East 7th, St.**

17. (a) **Burial**  
(Burial, cremation, or removal)

(b) Date thereof **5/22/45**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Marys Cem**

18. (a) Signature of funeral director **Earp Funeral Home**

(b) Address **4139 East 15th, St.**

19. (a) **5-21-45**  
(Date received local registrar)

**Seraldine Holmes**  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **1821 East 17th, St.**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **19**  
year **1945** hour **12<sup>00</sup>** minute **0** M.

21. I hereby certify that I attended the deceased from **known**, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him **alive on** \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Skull Fracture**

Due to **Auto Traumatism**

Due to **Coccyx**

Other conditions **Car + pedestrian**  
(Include pregnancy within 3 months of death)

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

Of autopsy **no**

**1700-8**  
**21**

**Hestley + Inspector**

Duration

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) **accident**

(b) Date of occurrence **5-19-1945**

(c) Where did injury occur **Car + pedestrian**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public place**  
(Specify type of place)

While at work? **no** (c) Means of injury **auto**

23. Signature **Jacques Walker** (M. D. or other) **3**

Address **11424 paper rd** Date signed **5-20-45**

**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.....

*John B. Taylor*  
.....  
Licensed Embalmer No. *9955-*  
.....  
P. O. Address *19 E. 9th*  
.....

**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.**