V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19564

Registrar's No. 2729

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: 7600 Penhsylvania - Church in Jesus Name
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 Days (Specify whether
In this community 25 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 149

(a) State Oklahoma (b) County Oklahoma 3

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

(d) Street No. 326 N. W. 22nd St.
(If rural, give location)

(e) Citizen of foreign country? No 2 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JAMES E. (DADDY) KITCHEN

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased 9 (Month) - 18 (Day) 1863 (Year)

8. AGE: Years 81 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Mt. Erie (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation retired

11. Industry or business

FATHER
12. Name John W. Kitchen 1
13. Birthplace Richland Co. (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Margaret Forbes
15. Birthplace (City, town, or county) Ohio (State or foreign country) 1

16. (a) Informant H. H. Kitchen
(b) Address 326 N. W. 22nd. St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation Oklahoma City, Okla.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) 6-28-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1945 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Coroner, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to Sclerosis sclerosis

Due to

Other conditions 94 a
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No - History & Inspection

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)

(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? (e) Means of injury

23. Signature James C. Wallace 3 (M. D. ~~or other~~) Coroner
Address 1424 Prospect Bldg Date signed 6-28-45

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.