

FILED DEC 29 1945 STANDARD CERTIFICATE OF DEATH

State File No. 41482

Registration District No. 106

Primary Registration District No. 0001

Registrar's No.

1. PLACE OF DEATH:

(a) County JASPER
(b) City or town JOPLIN
(c) Name of hospital or institution: DR. FELT
(d) Length of stay: In hospital or institution 1 DAY
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO Parents Newton 73
(b) County Newton 73
(c) City or town Gateway Drive
(d) Street No.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME INFANT KINSLOW

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced CHILD

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

7. Birth date of deceased Dec 7 1945
(Month) (Day) (Year)

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

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

10. Usual occupation CHILD

11. Industry or business

12. Name FRANK KINSLOW

13. Birthplace ANDERSON MO

14. Maiden name JENIETA PHILLIPS

15. Birthplace JOPLIN MO

16. (a) Informant Mrs. F. Kinslow

(b) Address 69 Rq Line Joplin Mo

17. (a) Burial (b) Date of Dec 8 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address Joplin, MO

19. (a) Ed Jones (b) Ed Jones
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
year 45 hour 3:00 minute A.M.

21. I hereby certify that I attended the deceased from Dec 7
1945 to Dec 8 1945

that I last saw him alive on Dec 8 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Bre. maturity

Due to

Due to

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 W. M. J. within (M. D. or other)

Address 214 Joplin Date signed 12-8-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

45-12-966

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 *Not*

working under my personal supervision.

Registered Apprentice No. _____

Signed *Henry L. Ludbeck*

Licensed Embalmer No. *959*

P. O. Address *Opolis, Mo*

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.