

FILED FEB 11 1948

Registration District No. 46

Primary Registration District No. 7000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mercy Hospo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether 17 days)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4400 Ashew
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HANNAH JANE LINCH

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife George W. Linch 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 3 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) ILLS. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business FARM

12. Name THOMAS J. McKee

13. Birthplace _____ (City, town, or county) Penn. 1 (State or foreign country)

14. Maiden name Unknown

15. Birthplace _____ (City, town, or county) unknown? (State or foreign country)

16. (a) Informant H. R. Linch

(b) Address 4400 Ashew K.C. Mo.

17. (a) Removal (b) Date thereof Jan 9 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cemetery

18. (a) Signature of funeral director J. G. [unclear]

(b) Address Steynsville Mo.

19. (a) Jan. 7 1946 (b) _____
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9
year 1946 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from 12 - 21 - 1945 to 1 - 7 - 1946

that I last saw her alive on 1 - 7 - 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Senility

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

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

23. Signature J. G. [unclear] (M. D. or other) MD

Address Mercy Hosp. St. Joseph Date signed 1-8-46

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

4156

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..... *F. G. Lyon*

Licensed Embalmer No. *952*

P. O. Address..... *Stewartville 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.