

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE - THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED JUN 3 1946 STANDARD CERTIFICATE OF DEATH

16722

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2333

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:
915 EAST GREGORY BLVD.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 40 YEARS
years, months or days

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. 915 EAST GREGORY BLVD.
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No)
If yes, name country ENGLAND

3. (a) PRINT FULL NAME MRS ELLEN JANE KINSEY

(b) If veteran, name war NO

(c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 23 R.D. RD
year 1946 hour 10 minute 30 A. M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. HENRY W. KINSEY

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased SEPTEMBER 18 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 3
1946, to May 23, 1946.
that I last saw her alive on May 23, 1946,
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>8</u>	<u>5</u>	hr. _____ min. _____

Immediate cause of death:
Hypertensive Cardio-Vascular Disease
Duration 2 yrs.

Due to Hypertension

9. Birthplace CHATHAM, KENT COUNTY, ENGLAND
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 93rd

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name JOSEPH LANGTON

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

14. Maiden name UNKNOWN

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

16. (a) Informant Henry W. Kinsey

(b) Address 915 E. Gregory Blvd -

17. (a) CREMATION (b) Date thereof MAY 25 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 5-25-46 (b) St. Eraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy _____

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 Edward H. Ashinger M. D. or other _____

Address 1500 Professional Bldg Date signed 5/24/46

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

1500
1-4

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, 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.