S. No.—2.
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23645

State File No.

FILED AUG 5 1946 1949

Registration District No. Primary Registration District No. 1003

Registrar's No. 3250

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: Shea Nursing Home 4 - 812 Benton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 months (Specify whether years, months or days)

In this community: 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No.: 109 S. Willow 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country: - - -

3. (a) PRINT FULL NAME: CORA HINTHORN

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

3. (c) Social Security No.: No.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Daniel Hinthorn

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: May (Month) 29 (Day) 1872 (Year)

8. AGE: Years 74 Months 1 Days 25 If less than one day - hr. - min.

9. Birthplace: Laffette (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

MOTHER FATHER

12. Name: James B. Foresman

13. Birthplace: Unknown (City, town, or county) Penn. (State or foreign country)

14. Maiden name: Elizabeth Jane Wade

15. Birthplace: Dayton (City, town, or county) Indiana (State or foreign country)

16. (a) Informant: Daniel Hinthorn

(b) Address: Independence, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 27, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: Floral Hills Cemetery

18. (a) Signature of funeral director: George E. Larson

(b) Address: Independence, Missouri

19. (a) 7-26-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1946 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 1946 to July 1946 that I last saw her alive on July 15 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage	Duration
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations: —	
Of autopsy: no	

§3a

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: E. H. Kelly (M.D. or other)

Address: 402 Wabash Date signed: July 27 1946

(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.