

7. S. No. 2  
00M-5-43  
Rev. 5-17-39.  
I X36671

**FILED** **NOV 31 1946**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1002**

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

**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: **General Hospital No. 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 days**  
(Specify whether years, months or days)

In this community **17 YEARS**

**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. **2107 1/2 E. 44 St.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **JOHN Joseph FRANKLIN Kington**

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

**3. (c) Social Security No.** **NONE**

**4. Sex** **MALE** **5. Color or race** **WHITE**

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

**6. (b) Name of husband or wife** **MRS. JOE T. KINGTON**

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

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

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <b>85</b> | <b>6</b> | <b>2</b> | hr. min.             |

**9. Birthplace** **AUGUSTA ILLINOIS**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **RETIRED 8 YEARS BAKERY OWNER**

**11. Industry or business** **BETTY-JO BAKERY**

**12. Name** **FRANCIS KINGTON**

**13. Birthplace** **WEST VIRGINIA**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **SUZANNE BELL**

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

**16. (a) Informant** **MRS. JOE T. KINGTON**

**(b) Address** **2107 1/2 EAST 44TH STREET**

**17. (a) BURIAL** (b) Date thereof **OCT-9-1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **FOREST HILL CEMETERY**

**18. (a) Signature of funeral director** *[Signature]*

**(b) Address** **1401 BRUSH CREEK BLVD**

**19. (a) 10-9-46** (b) *[Signature]*  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Oct.** day **5**  
year **1946** hour **4** minute **15 P.** M.

**21. I hereby certify that I attended the deceased from** **Sept. 24**, 19 **46** to **Oct. 5**, 19 **46**  
that I last saw him alive on **Oct. 5**, 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral vascular accident**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **830**

Of autopsy **None**

**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 **0**

**23. Signature** **D. Brandon Hill** (M. D.) **10-6-46**  
Address **General Hospital No.** date signed

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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**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.....

*Paul Papp*

Licensed Embalmer No.....

*23458*

P. O. Address.....

*KC 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.**