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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

**FILED MAR 21 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9155

State File No.

954

Registrar's No.

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:  
4000 Forest  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 10 years  
years, months or days

3. (a) PRINT FULL NAME

CORDELIA A INSCHO

3. (b) If veteran, name war no

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 Henry C. Inscho (Deceased) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased January 11 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 1 22 hr. min.

9. Birthplace Florence Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business X

12. Name John W. Otten

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

14. Maiden name Mary Ann Elizabeth

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

16. (a) Informant Mrs. F. M. Witten

(b) Address 4000 Forest K. C. Mo

17. (a) Burial (b) Date thereof Mar 5 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Missouri

18. (a) Signature of funeral director Kidwell Funeral Home

(b) Address Versailles, Missouri

19. (a) 3-3-47 (b) Gertrude Holma  
(Date received local registrar) (Registrar's signature)

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. 4000 Forest  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3  
year 1947 hour 1 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 3  
1947 to March 3, 1947  
that I last saw her alive on March 3, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral hemorrhage?  
apoplexy  
arterio-sclerosis

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 Hubert L. Wray (M. D. or other)

Address 608 Prof Bldg Date signed \_\_\_\_\_

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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 *Chas E. Wilks*.....

Licensed Embalmer No *2644*.....

P. O. Address *H.C. 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.**