

FILED AUG 5 1949

Registration District No. ....

Primary Registration District No. .... 1002

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... 414 West 68th St Terr /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 37 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Jackson 48  
(c) City or town... Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No... 414 West 68th St Terr 8  
(If rural, give location)  
(e) Citizen of foreign country? ... no. (Yes or No)  
If yes, name country...

3. (a) PRINT FULL NAME

MRS. KATHLEEN KATHERINE KEATHLINE HINOJOSA

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

3. (c) Social Security No. ... None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day July  
year 1947 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from ...  
that I last saw him alive on ...  
and that death occurred on the date and hour stated above.

Immediate cause of death... Gun shot wound chest

Due to ...

Due to ...

Other conditions... (Include pregnancy within 3 months of death) 1040

Major findings: Of operations...

Of autopsy... no history + inspection

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ... suicide

(b) Date of occurrence... 7-12-47

(c) Where did injury occur? ... KC Jackson MO

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ... In home

(e) Means of injury... 329 patrol

23. Signature... Jean Walker (M. D. or other) ... 3

Address... 1424 W. 11th Date signed 7-13-47

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

6. (b) Name of husband or wife... Victor Hinojosa 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased... Aug 5 1909 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
37 11 27 hr min

9. Birthplace... Kansas City Mo (City, town, or county) (State or foreign country)

10. Usual occupation... Housewife

11. Industry or business...

12. Name... Ezra Stewart

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

14. Maiden name... KATHERINE Kathleen Flanigan

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

16. (a) Informant... Victor M. Hinojosa

(b) Address... 414 W. 68th St

17. (a) Burial (b) Date thereof... 7/15/47 (Month) (Day) (Year)

(c) Place: burial or cremation... Calvary Cemetery

18. (a) Signature of funeral director... Quirk + Robin

(b) Address... 20 West Linwood

19. (a) 7-14-47 (Date received local registrar)

(b) Deraldine Holmes (Registrar's signature)

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

---

**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.....

*John J. Conway*  
.....

Licensed Embalmer No..... *4424*

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.**