S. No. 2
DM—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38011

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 4590

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: 44 West 74th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: 38 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.: 6109 Prospect Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: U

48
36
0

3. (a) PRINT FULL NAME: Mrs. Mary BINK

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: married

6. (b) Name of husband or wife: Joseph Bink

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: June (Month) 15 (Day), 1892 (Year)

8. AGE: Years 55 | Months 4 | Days 16 | If less than one day: hr. min.

9. Birthplace: Regensburg, (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation: Housewife

11. Industry or business: At home

MOTHER FATHER

12. Name: Antone Gottsmann 4

13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country) 4

14. Maiden name: Elizabeth Hager

15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant: Mr. Joseph Bink
(b) Address: 6109 Prospect Ave., K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri

19. (a) 11-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 1 year: 1947 hour: 10 minute: 55 P.M.

21. I hereby certify that I attended the deceased from April 5-2, 1947, to Nov. 1-, 1947; that I last saw her alive on Nov. 1-, 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Generalized carcinomatosis

Due to: Carcinoma of pt. Kidney

Due to:

Other conditions (Include pregnancy within 3 months of death): 520

Major findings: Of operations: Nephrectomy (rt) March 4 - 1947

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? U
While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Max Goodman M.D. (M. D. or other)
Address: Prof. Bldg. K.C. Mo. Date signed: 11-3-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Max Goldman
Prof. Bldg.
until 4:30 Mon.

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City

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.