

FILED NOV 24 1947 149

Primary Registration District No. 1002

Registrar's No. 4697

1. PLACE OF DEATH: Jackson
(a) County
(b) City or town Kansas City
(c) Name of hospital or institution: 403 W 25th St
(d) Length of stay: In hospital or institution
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 703 E 17th St
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Floyd Kitchen
3. (b) If veteran. name war Woodrow 3. (c) Social Security 487-05-9861

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV day 7 year 1947 hour 7 minute 05 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Kitchen 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Dec. 14 1894

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 10 Days 23 hr. min.

Immediate cause of death: Coronary Atherosclerosis

9. Birthplace Mo

Due to _____
Due to _____

10. Usual occupation Truck Driver

Other conditions: Deputy Coroner

11. Industry or business

MOTHER FATHER
12. Name George Kitchen
13. Birthplace Mo
14. Maiden name Thomas Singleton
15. Birthplace Mo

Major findings: Of operations _____
Of autopsy: History of Inspector

16. (a) Informant Mrs Rose Kitchen
(b) Address 703 E 17th St

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Removal (b) Date thereof 11/10/47
(c) Place: burial or cremation Maple Hill

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Hugo Funeral Home
(b) Address Overlook Park, Mo
19. (a) 11-10-47 (b) Geraldine Holmes

While at work _____
23. Signature: Waltersher
Address: 2800 Main

WRITE PLAINLY—USE 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.....

Leonard C. Passantino
working under my personal supervision.

Registered Apprentice No. *62*

Signed *F. S. Walton*

Licensed Embalmer No. *2744*

P. O. Address: *K. 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.