

Registration District No. 149

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:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 weeks
(Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town North Kansas City 0
(If outside city or town limits, write "RURAL")
(d) Street No. R. R. # 8 0
(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 24
year 1948 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from Feb.
16, 1948 to March 24, 1948;
that I last saw h. er alive on March 23, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death
hemolytic icterus
pemphigus chronic
Due to cause unknown

Duration

Due to _____
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 73d
Of autopsy: refused
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? _____

(Specify type of place)
While at work? _____ (c) Means of injury _____
23. Signature Louisa A. ... (M. D. or other) _____
Address 870 Prof Bldg Date signed 3-25-48

3. (a) PRINT FULL NAME Katherine B. Hinkel

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 Frank G. Hinkel 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased September 16, 1900
(Month) (Day) (Year)

8. AGE: Years 47 Months 6 Days 8 If less than one day
Hr. _____ min. _____

9. Birthplace Freemont Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Isaac Smith

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

14. Maiden name Caroline Boswell

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

16. (a) Informant Mr. F. G. Hinkel

(b) Address R R 8 North Kansas City, Mo.

17. (a) removal (b) Date thereof 3-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ponca City, Okla.

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-27-48 Geraldine Holmes
(Date received local Registrar's signature) (Registrar's signature)

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

118
3
23

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.....

Licensed Embalmer No.....

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.

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

10. Usual occupation: NONE

11. Industry or business AT HOME

MOTHER FATHER { 12. Name ISAAC SMITH

{ 13. Birthplace GALESBURG ILLINOIS
(City, town, or county) (State or foreign country)

{ 14. Maiden name CAROLINE BUSWELL

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

16. (a) Informant MR. F. G. HINKEL

(b) Address B. R. # 8, No. KANSAS CITY

17. (a) REMOVAL (b) Date thereof MAR 27 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PONCA CITY, OKLAHOMA

18. (a) Signature of funeral director D. H. Thompson

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-27-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Refused

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?

(Specify type of place)

While at work?

(e) Means of injury

23. Signature

(M. D. or other)

Address

Date signed

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.

S 8741-1948

Signed *Bernard L. Stroman*

Licensed Embalmer No. *4250*

P. O. Address *W.C.M.*

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.