

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16409
Registrar's No. 2150

Registration District No. 149

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
(c) Name of hospital or institution: Krestwoods Convalescent Home
(d) Length of stay: In hospital or institution 4 years
In this community 5 years

3. (a) PRINT FULL NAME Elizabeth P. Kinyoun
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 2
6. (b) Name of husband or wife Joseph J. Kinyoun
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 17th, 1860

8. AGE: Years 88 Months 3 Days 4
If less than one day hr. min.

9. Birthplace Johnson County, Missouri

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name Nathan W. Perry
13. Birthplace Tennessee
14. Maiden name Catherine E. Houx
15. Birthplace Johnson County, Missouri

16. (a) Informant Mrs. Alice Houts
(b) Address 230 W. 61st. St.

17. (a) Burial (b) Date thereof 5-22-48
(c) Place: burial or cremation Centerview, Missouri

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 5-22-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2700 Tracy
(e) Citizen of foreign country? no

20. DATE OF DEATH: Month May day 21st. year 1948

21. I hereby certify that I attended the deceased from 4/28/48 to 5/21/48 that I last saw her alive on 5/12/48 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Pneumonia
Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature James B. McVay (M. D. or other)
Address 844 Route 134 Date signed 5/21/48

Patricia Palko

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 Walter H. Erwin

Licensed Embalmer No. 4352

P.O. Address Kansas City, 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.