S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19505

FILED JUN 26 1948

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2539

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: 3022 E 6th St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3022 E 6th St
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country

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3
8
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3. (a) PRINT FULL NAME Sheryln J. Hinch

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased June 11 1948
(Month) (Day) (Year)

8. AGE: Years — Months — Days 5 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

FATHER
12. Name Richard Hinch
13. Birthplace Altus Ark.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Georgia Berg
15. Birthplace Avondale Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Hinch
(b) Address 3022 E 6 St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 17-1948
(Month) (Day) (Year)
(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Passantino Bros
(b) Address K Cmo

19. (a) 6-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1948 hour 7 minute 10A M.

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.

Immediate cause of death Circulatory Failure

Due to Cause unknown

Due to

Other conditions (Include pregnancy within 3 months of death) Deputy Coroner

Major findings: Of operations

Of autopsy History

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 A. E. Asher (M.D. or other)

Address 2800 Main Date signed 6/17/48

(Licensed Embalmer's Statement on Reverse Side)

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 Dixon L. Hepley

Licensed Embalmer No. 4225

P. O. Address Indep 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.