

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19630**
2572

FILED JUN 25 1949

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. <u>2572</u>		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 50 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 2210 E. 9 St.		
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				d. STREET ADDRESS (If rural, give location) 2210 E. 9 St.				
3. NAME OF DECEASED (Type or Print) a. (First) Bertha			b. (Middle)		c. (Last) Kinnie		4. DATE OF DEATH (Month) (Day) (Year) 6 13 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH December 11 1873		9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Edwardsville, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob Christian			13b. MOTHER'S MAIDEN NAME Minnie Berline		14. NAME OF HUSBAND OR WIFE Peter B. Kinnie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Florence Miller Kansas City, Mo				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Myocardial infarction MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction INTERVAL BETWEEN ONSET AND DEATH *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201								
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHOLE AT <input type="checkbox"/> NOT WHOLE AT <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from April 30, 1949 , to June 13, 1949 , that I last saw the deceased alive on June 13, 1949 , and that death occurred at 12:45 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE Victor B. Buhler (Degree or title) Acting Med. Dir. Gen'l Hosp.				23b. ADDRESS Acting Med. Dir. Gen'l Hosp.		23c. DATE SIGNED 6-13-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 15 1949	24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 6-14-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster Kansas City, Mo.				

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

Handwritten scribble

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Gene Clark

Student Embalmer

Licensed Embalmer No. *4716*

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.