V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32934

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3706

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:
5319 Cleveland Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 6 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 5319 Cleveland Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---- 0

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3. (a) PRINT FULL NAME Mrs. Martha A. Rinne ~~Rinne~~

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 Widowed 2

6. (b) Name of husband or wife Mr. Henry Rinne

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

7. Birth date of deceased August (Month) 7 (Day) 1867 (Year)

8. AGE: Years 75 Months 1 Days ~~30~~ 29 If less than one day ..... hr. ..... min.

9. Birthplace Case (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation At Home

11. Industry or business ----

FATHER
12. Name Jacob Humburg
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Henrietta Kiene
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mr. Arthur Conzelman
(b) Address Higginsville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof October 8, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Higginsville, Missouri

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 10-8-42 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th year 1942 hour 5 minute 55 P. M.

21. I hereby certify that I attended the deceased from Oct 1, 1942, to Oct 6, 1942, that I last saw her alive on Oct 6, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Degeneration & Hypostatic Pneumonia	2 days
Due to Ignition from Carcinoma of Stomach	6 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46B

Major findings:
Of operations
Of autopsy

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 Jim H Thompson (M. D. or other) D.O.
Address 3800 E 27, K.C. Mo. Date signed 10-7-42

(Licensed Embalmer's Statement on Reverse Side)

3800 East 27th Street

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 C. Hervey Rosenberg

Licensed Embalmer No. 4070

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.