

FILED JAN 20 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1168

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4

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

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 23 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. 1301 E. Armour Blvd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Cora KINIRY
3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 1
year 1948 hour 11 minute 55 P. M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife James W. Kiniry 6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 1 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____;
2 Pathologist
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>5</u>	<u>0</u>	hr. _____ min.

Immediate cause of death
Broncho pneumonia
Bilateral
Due to _____
Encephalomalacia
Due to _____
Left cerebral cortex

9. Birthplace White County, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

MOTHER FATHER {
12. Name Ephram Johnson
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Fidelia Gallagher
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 83c
Of autopsy See Above

16. (a) Informant Mr. Kenneth Kiniry
(b) Address 1301 E. Armour, K.C., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-3-48
(Month) (Day) (Year)
(c) Place: burial or cremation Beloit, Kansas

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?
While at work _____ (Specify type of place of injury)

18. (a) Signature of funeral director Melody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 1-2-48 (Date received local registrar) (b) Sheraldine Holmes (Registrar's signature)

23. Signature A. E. Hooper (M. D. or other) MD
Address 2800 Main Date signed 1/2/48

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

Russell W. France

Licensed Embalmer No.

4255

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.