

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 21 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11772

Do not use this space.

## 1. PLACE OF DEATH

(a) County Ozark Registration District No. 647  
(b) Township Bayou Primary Registration District No. 5757  
(c) City or                      (d) Street No.                      St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 524 Ellen Mariat Kinsley St.                      (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. A. Kinsley  
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-12, 1981  
8. AGE 57 YEARS 10 MONTHS                      DAYS If LESS than 1 day,                      hrs. or                      min.

9. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
10. Industry or business in which work was done, as saw mill, bank, etc.                       
11. Date deceased last worked at this occupation (month and year)                      11. Total time (years) spent in this occupation                     

12. BIRTHPLACE (CITY OR TOWN) Ozark Co. (STATE OR COUNTRY) Mo.

13. NAME Jno. Harkin  
14. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)                     

15. MAIDEN NAME Minnie Johnson  
16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)                     

17. INFORMANT H. A. Kinsley (ADDRESS) Elizah, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elizah DATE 3-12 1939

19. FUNERAL DIRECTOR (NAME) Bevins (ADDRESS) Sainsville

20. FILED 4-1 1939 C. A. Beach Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-16- 1938, to 3-12- 1939

I last saw him                      alive on 2-9- 1939. Death is said to have occurred on the date stated above, at 2:30 a. m.  
The principal cause of death and related causes of importance were as follows:

Chronic Hypertensive myocarditis.

Date of onset

Other contributory causes of importance:

Angina

Name of operation                      Date of                       
What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?                      Date of injury                     , 19                    

Where did injury occur?                      (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury                       
Nature of injury                     

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify                     

(Signed) E. C. Bohrer M. D.  
West Plains, Mo. (Address)

~~RECEIVED~~  
~~District Health Officer No. 6,~~  
~~District File Number~~  
~~Date Filed~~

RECEIVED

District Health Officer No. 6,

District File Number 6-39-802

Date Filed APR 11 1939

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**