

REC'D MAY 18 1939

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

14568
Do not use this space.

1. PLACE OF DEATH
(a) County Chariton 2 Registration District No. 174
(b) Township Clark 1 Primary Registration District No. 542 Registered No. _____
(c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 53 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME 535 Lovell Rasaur Kintner
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Laura M Chrisman Kintner (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1863
7. AGE YEARS 76 MONTHS 1 DAYS 10 If LESS than 1 day, hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Evansville Ind. - 1
FATHER 13. NAME Wm Kintner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
MOTHER 15. MAIDEN NAME Amelia Binckley Pa.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. - 1
17. INFORMANT Mrs Laura Kintner (ADDRESS) Marceline mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Kintner Ceme DATE Apr 9 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm L Dumas M. D.
20. FILED Apr 18 1939 605 Station Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8 1939
22. I HEREBY CERTIFY, That I attended deceased from Apr 8 1939 to Apr 8 1939
I last saw him alive on Apr 8 1939. Death is said to have occurred on the date stated above, at 4:10 P.
The principal cause of death and related causes of importance were as follows:
Asthma
Date of onset 1919
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? Clu Was there an autopsy? _____
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? _____
If so, specify _____
(Signed) W L Dumas M. D.
(Address) Marceline Mo

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.

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
District Health Officer No. 8,
District File Number
5/2/39
Date Filed

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,

Blanche Maughlin & Dale Bunch, or by

Registered Apprentice No. 149, working under my personal supervision.

Signed Blanche Maughlin

Licensed Embalmer No. 1909

P. O. Address Marceline M

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.