

1939 AUG 16

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

26253

Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 561
 (b) Township Galilee Primary Registration District No. 4330 Registered No. 47
 (c) City Bedou (d) Street No. Bellevue Hospital 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

526 Dell Monroe Kingery
 (a) Residence, No. Rural St. (If nonresident, give city or town and State) Barnett
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~
 HUSBAND OF (OR) WIFE OF Laurella Kingery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 7 7

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) Missouri

FATHER
 13. NAME Geo. Washington Kingery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.K.

MOTHER
 15. MAIDEN NAME Margarette Strong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Ray Kingery, Barnett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE 7-17 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Phillips Funeral Home, Bedou, Mo.

20. FILED 7-17 1939 Belle Haynes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1939

22. I HEREBY CERTIFY That I attended deceased from July 9 1939 to July 15 1939

I last saw h. a. alive on July 15 1939 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Surgical shock with toxic infection of leg
1939
 Date of onset July 14

Other contributory causes of importance:
arteriosclerosis of leg 1925
arteriosclerosis of leg
from cardiac angina
 Name of operation Amputation of leg Date of July 14 1939
 What test confirmed diagnosis? 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, 19...
 Nature of injury, 19...

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) J. H. Haller, M. D.
 (Address) Edou 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.

RECEIVED--

Mittler County Health Dep't.

County File Number 39-96

Date Filed 8-11-39

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, _____

Louis D. Phillips

or by _____

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

Signed

Louis D. Phillips

Licensed Embalmer No. 3663

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.