

REC'D SEP 12 1939

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

28580
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 82
 (b) Township 1 Primary Registration District No. 1000
 (c) City St. Joseph (d) Street No. 112 S. 17th. 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 54 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME DON CARLOS KINNAMAN

(a) Residence, No. 112 S. 17th. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Kinnaman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28th 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 3 4

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. Resturant operator
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Mercer County (STATE OR COUNTRY) Ill

FATHER 13. NAME John T. Kinnaman

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ind.

MOTHER 15. MAIDEN NAME Mary Bear

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ill.

17. INFORMANT Mrs. Elizabeth Kinnaman (ADDRESS) 112 S. 17th. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cemetery DATE Aug. 7th. 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC. (ADDRESS) 1946 Calhoun St. Joseph, Mo.

20. FILED Aug 5 1939 H. J. Neill Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2nd 1939

22. I HEREBY CERTIFY, That I attended deceased from May 10 1939 to July 2 1939

I last saw him alive on July 30 1939 Death is said to have occurred on the date stated above at 7:30 PM

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

Acute Coronary Thrombosis Date of onset 9/5/39
Heart disease arteriosclerotic
Enlargement of heart
Myocardial infarction Grade III
 Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

Other contributory causes of importance: (P)

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None 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) W. M. Washburn, M. D.
 (Address) 301 W. S. Bldg. St. Joseph, Mo.

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 *John E. Rupp*
Licensed Embalmer No. *3986*
P. O. Address *St. Joseph*

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.