

1867 NOV 7 1939

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

36759
Do not use this space.

1. PLACE OF DEATH
 (a) County Newton Registration District No. 615-
 (b) Township Marion Primary Registration District No. 5817
 (c) City Diamond (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 28 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Earl Kinney
 (a) Residence, No. Route 1 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 9 1

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 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) Johnson County, Missouri

FATHER
 13. NAME J. M. Kinney
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson County, Missouri

MOTHER
 15. MAIDEN NAME Mattha Howard
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plum County, Missouri

17. INFORMANT (ADDRESS) J. M. Kinney, Route 1 - Diamond, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Diamond Cem. DATE Oct. 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Knees Mortuary, Cardage, Missouri

20. FILED Oct-25-1939 Mrs. W. S. Chapman, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Died Without Medical Attention, 19____
 I last saw him alive on Attention, 19____ Death is said to have occurred on the date stated above, at 1:30 P. M.
 The principal cause of death and related causes of importance were as follows:
Heart Block

Other contributory causes of importance: 95%

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) R. J. Heathman M. D.
875 (Address) Diamond, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

District Health Officer No. 6,

District File Number 11039-2141

Date Filed NOV 2 1939

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.....

P. W. K. Miller

Licensed Embalmer No.....

814

P. O. Address.....

Carthage 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, above space should be left blank.