

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.

DEC 13 1939 594
Registration District No. 2-25

State File No. _____
Primary Registration District No. 5306
Registrar's No. 12

1. PLACE OF DEATH:
(a) County Monteague
(b) City or town Rural Lewis
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days 5 0 1

8. (a) PRINT FULL NAME: JAMES HENRY KINGERY
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 3 1869
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Cole Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business Carpenter
12. Name Andrew Kingery
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hann
15. Birthplace unknown
(City, town, or county) (State or foreign country)

MOTHER FATHER
16. (a) Informant's own signature C. Albert Hornbeck
(b) Address Prarie Home mo
17. (a) Rural (b) Date thereof 9-6-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director C. Albert Hornbeck
(b) Address Prarie Home mo
19. (a) Nov 9-39 (b) W. E. Hooker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Monteague
(c) City or town Wardburg
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 4
year 1939 hour 10 minute 35 M.
21. I hereby certify that I attended the deceased from April
1, 1939 to 9-4, 1939
that I last saw him alive on 9-4, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Natural Respiratory
Due to Central Nervous System
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) (e) Means of injury _____
28. Signature A. E. Meredith (M. D. or other) _____
Address Prarie Home mo Date signed 9/13/39

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/6/39

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, or by.....

C. Albert Hornbeck....., Registered Apprentice No.....
working under my personal supervision.

Signed C. Albert Hornbeck.....

Licensed Embalmer No. 2714.....

P. O. Address Prairie Home 7M.....

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.