

No. 2
-10-39
17-39-7
X21492

JAN 11 1940 **85**
Registration District No. _____

Primary Registration District No. **1001**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **BUCHANAN**

(b) City or town **ST. JOSEPH**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
MO. METHO. HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days **5 6 0**

3. (a) PRINT FULL NAME **LARRY JOSEPH KINMAN**

3. (b) If veteran, name war **U**

3. (c) Social Security No. _____

4. Sex **Male**

5. Color or race **W**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Dec. 18 1939**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
*	*	10	hr. _____ min.

9. Birthplace **Albany Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

11. Industry or business **0**

12. Name **Ernest W. Kinman**

18. Birthplace **Gentry County Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **La Vaughn Porman**

15. Birthplace **Blythdale Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernest Kinman**

(b) Address **Albany, Mo.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **De. 30, 1939**
(Month) (Day) (Year)

(c) Place: burial or cremation **Grandview Albany**

18. (a) Signature of funeral director **Leifed Brooks**

(b) Address **Albany, Mo.**

19. (a) **Dec. 29, 1939** (Date received local registrar)

(b) **AJ Nestlebrugh** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gentry**

(c) City or town **Albany**
(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 **Dec** day **28th**
year **1939** hour **7** minute **30 p.m.**

21. I hereby certify that I attended the deceased from **Dec 25**, 1939, to **Dec 28**, 1939,
that I last saw him alive on **Dec 28**, 1939,
and that death occurred on the date and hour stated above.

Immediate cause of death **Intracranial Hemorrhage due to birth injury**

Duration **10 days**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Spinal Fluid Bloody**

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature **Jr. Roger Moore** (M. D. or other)

Address **St. Joseph Mo** Date signed **12/28/39**

7861

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 me

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

Signed Collyer Brooke
Licensed Embalmer No. 3329

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.