

JAN 16 1940
Registration District No. 640

Primary Registration District No. 5849

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Osage Osage

(b) City or town Rural

(c) Name of hospital or institution: Linn, Mo. 2

(If not in hospital or institution, write street number or location)

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

In this community _____

years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Osage

(c) City or town Rural

(If outside city or town limits, write "RURAL")

(d) Street No. Linn, Mo. R D

(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME 560 Fannie B. Hiner

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife James T. Hiner

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased January 19th, 1870

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>11</u>	<u>12</u>	hr. _____ min.

9. Birthplace Marion County, Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

MOTHER FATHER { 12. Name Benj F. Kusick

13. Birthplace Unknown

(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Frances Hopkins

15. Birthplace Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Wm Turner

(b) Address Linn, Mo.

17. (a) Burial (b) Date thereof 1-2-1940

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview cemetery

18. (a) Signature of funeral director Morton Funeral Home

(b) Address Linn, Mo.

19. (a) Jan 1 - 1940 (b) Mrs Dora Gert

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31

year 1939 hour 8 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 12-24-39

_____ 19____, to 12 30 _____, 1939

that I last saw her alive on 12-30-39

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Bronchial pneumonia

rd. Side

Due to cardinal factor

Uremia

Due to Chronic myocarditis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations none

Of autopsy none

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 _____

23. Signature Wm V. M. Kully (M. D. or other) 1

Address Charrow Mo Date signed 1-2-40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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

97C
closed
the room

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 Vernon Morton
Licensed Embalmer No. 4125
P. O. Address Linn

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.