

Registration District No. 222

Primary Registration District No. 3020

Registrar's No. 22

1. PLACE OF DEATH  
(a) County Jasper  
(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
411 S. McGregor  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 55 yrs. years, months or days) \_\_\_\_\_

3. (a) PRINT FULL NAME WM. JAS Kinsella  
8. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Opheleia Kinsella 6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased May 29 1859  
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Springfield Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Restaurant Owner

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name James Kinsella  
13. Birthplace Dublin Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Byrne  
15. Birthplace Unkown Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. W. Kinsella Jr.  
(b) Address 411 S. McGregor Carthage

17. (a) Burial (b) Date thereof Jan. 25 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director J. W. Kinsella Jr.  
(b) Address Carthage Mo.

19. (a) Jan 25 1940 (b) E. J. McEntire, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jasper  
(c) City or town Carthage  
(If outside city or town limits, write "RURAL")  
(d) Street No. 411 S. McGregor  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23  
year 1940 hour 1 minute 20 P M.

21. I hereby certify that I attended the deceased from Jan 22 1940, 1940 to Jan 23 1940, 1940  
that I last saw him alive on Jan 23 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary thrombosis  
N. M. P.

Due to Acute arteriosclerosis (7)

Due to undetermined origin

Other conditions Senility  
(Include pregnancy within 3 months of death)

Major findings: none 96  
Of operations \_\_\_\_\_

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none  
(b) Date of occurrence none  
(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 1

23. Signature George H. Wood (M. D. or other) M.D.  
Address Carthage Mo. Date signed 1/25/40

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

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 240-2170

Date Filed FEB 13 1940

**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.**