S. No. 2
—11-10-39
5-17-39
X21492

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

FILED JUN 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17955

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 605

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: 3320 Renick 2 (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) 23 years

555

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 3320 Renick (If rural, give location)

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

3. (a) PRINT FULL NAME Milton K. Kinnaman

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race wht.

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

6. (b) Name of husband or wife Adah Kinnaman

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Mar. (Month) 7 (Day) 1867 (Year)

8. AGE: Years 73 Months 2 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace Mercer Cty. (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Private Police

11. Industry or business

FATHER
12. Name John T. Kinnaman
13. Birthplace Unknown (City, town, or county) Ind. (State or foreign country)

MOTHER
14. Maiden name Mary Bear
15. Birthplace Unknown (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Pearl Kinnaman

(b) Address 3320 Renick St. Joseph

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 1st 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Fleeman & Son

(b) Address St Joseph

19. (a) June 1-1940 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st year 1940 hour 2 minute 25 A. M.

21. I hereby certify that I attended the deceased from May 20, 1940 to May 31, 1940 that I last saw him alive on May 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart disease - arterio sclerotic - (P)

Due to: Arterio sclerosis general (P)

Due to: —

Other conditions (Include pregnancy within 3 months of death) 95 B2

Major findings: Of operations —

Of autopsy —

Duration

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)

85

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 30 P. PS Bldg Date signed 6-1-40

(Licensed Embalmer's Statement on Reverse Side)

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 C G Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.