No. 2
11-10-39
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19740

JUN 22 1940

Registration District No. 834 Primary Registration District No. 6097 Registrar's No. 19

03

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

1. PLACE OF DEATH:

(a) County Stoddard Piler Tmp

(b) City or town Bell City, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard

(c) City or town Bell City Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME PEMBERTON KINNEY 500

3. (b) If veteran, name war

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 Ruth Kinney

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Jan (Month) 14 (Day) 1907 (Year)

8. AGE: Years 33 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Stoddard County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer 0

11. Industry or business 0

FATHER
12. Name Richard Allen Kinney
13. Birthplace Bell City, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Henley
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Ruth Kinney
(b) Address Bell City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Nations Cemetery

18. (a) Signature of funeral director Lloyd O Morgan
(b) Address Advance Mo

19. (a) June 5-40 (Date received local registrar) (b) D S McGee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1940 hour 8 P.M. minute 4 P.M.

21. I hereby certify that I attended the deceased from about, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock & Haemorrhage

Due to abdomen ruptured by wood, frame of truck body

Due to collision - Car & truck deceased in car

Other conditions
(Include pregnancy within 3 months of death)

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) Accident
(b) Date of occurrence May 15, 1940 or 8 P.M.
(c) Where did injury occur? State Road 3 near Bell City, Stoddard, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, or farm, in industrial place, in public place? Public Highway (Specify type of place)
While at work? No (e) Means of injury Truck

23. Signature John Wilson (M. D. or other) 1
Address Bloomfield Mo. Date signed 5/19/40

(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 Lloyd O Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, M

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

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