

Registration District No. **29A**

Primary Registration District No. **4207**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County Lincoln  
 (b) City or town Siles Mo  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Rural  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
 In this community Yes  
 years, months or days (Specify whether)

8. (a) PRINT FULL NAME Benjamin Kinion

3. (b) If veteran, name war None 3. (c) Social Security No. 2

4. Sex M 5. Color B race B  
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Kinion  
 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 27-1858  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>9</u>	<u>6</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or Business 0

12. Name James Kinion

13. Birthplace Lincoln Mo  
 (City, town, or county) (State or foreign country)

14. Maiden name Nancy Wilson

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

16. (a) Informant Miss Ben Kinion  
 (b) Address Siles Mo

17. (a) Rural (b) Date thereof 10-30-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sulphur Springs  
 18. (a) Signature of funeral director John Goldman  
 (b) Address Lincoln Mo

19. (a) 10-28-1940 (b) O.H. Danson  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincoln  
 (c) City or town Siles  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rural  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-28 day 4  
 year 1940 hour 8 minute 40 A. M.

21. I hereby certify that I attended the deceased from Oct 20 - 1940 to Oct 28 - 1940  
 that I last saw him alive on Oct 27 - 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death 2:40 A.M.  
Chronic Myocarditis

Due to Chronic Rheumatoid Arthritis.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations No operation

Of autopsy No.

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? \_\_\_\_\_

430 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature O.H. Danson (M. D. or other) 1  
 Address Siles Mo. Date signed 10-28-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

