

APR 15 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2503 Moffet
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years / None
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2503 Moffet
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Emma Kinney

3. (b) If veteran, name war ** *

3. (c) Social Security No. ** *

4. Sex Fem

5. Color or race W

6. (e) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Kinney

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased October 12, 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 9
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name James Perkins

13. Birthplace No record 9
(City, town, or county) (State or foreign country)

14. Maiden name No record
(City, town, or county) (State or foreign country)

15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Kinney

(b) Address 2503 Moffet Ave.

17. (a) Burial (b) Date thereof 3/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborne Memorial

18. (a) Signature of funeral director Arthur H. ... Co.

(b) Address Joplin, Mo.

19. (a) 3-25-41 (b) Ed Kinney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1941 hour 3 minute 25 P.M.

21. I hereby certify that I attended the deceased from Feb 25th
1941 to March 21 19 41
that I last saw her alive on March 19th 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis with embolus
Due to Ed Kinney and Jerry
Duration 1 year

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

Major findings: None
Of operations _____
Of autopsy None

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) None
(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? 377
While at work? _____ (Specify type of place)
(e) Means of injury None

23. Signature Ed Kinney (Date or other) 3-24-41
Address Joplin, Mo. Date signed 3-24-41

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

49
2
3

MS 547

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 *Jack E. Sweeney*

Licensed Embalmer No. *4099*

P. O. Address *Joplin Mo.*

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

If this body is not embalmed, fact should be so stated above.