

APR 7 1941 840

Registration District No. 840Primary Registration District No. 6102Registrar's No. 18

## 1. PLACE OF DEATH:

(a) County Stoddard  
 (b) City or town Pudico Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
none  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution none  
 (Specify whether  
 In this community 11 yrs.  
 years, months or days)

3. (a) PRINT FULL NAME Alvin Dale Kinurel

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased may 9 1929  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
11 11 10 12 hr. min.9. Birthplace Leora Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

12. Name Clarence Kinurel18. Birthplace Leora Mo.  
(City, town, or county) (State or foreign country)14. Maiden name Clara Peters15. Birthplace Pudico Mo.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature FW Hopkins(b) Address Pudico Mo. R. 217. (a) Rural (b) Date thereof Mar. 22/41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Pudico Cem.18. (a) Signature of funeral director William J. ...(b) Address Pudico, Dexter & Parma, Mo.19. (a) 3-25-1941 (b) Deborah ...  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 21  
year 41 hour 9 minute 45 A.M.21. I hereby certify that I attended the deceased from 3, 9, 1941, to 3, 21, 1941;  
that I last saw him alive on 3, 21, 1941;  
and that death occurred on the date and hour stated above.Immediate cause of death Hemorrhage from wound 3 days after stitches  
Due to gun shot

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

Other conditions Hemophilia  
(include pregnancy within 3 months of death)Major findings: Of operations noneOf autopsy none

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? no23. Signature Dr. John N. ...  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury gun23. Signature Dr. John N. ...  
Address Pudico, Mo. Date signed 3/22/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer N

District File Number 741-

Date Filed 4/4/41

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.....

*Virgil H. Helch*

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Virgil H. Helch*

Licensed Embalmer No. 4102

P. O. Address Dexter - 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.