No. 2
13-40
17-39
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FILED MAY 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14447

Registration District No. 288 Primary Registration District No. 5406 Registrar's No.

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

1. PLACE OF DEATH:
(a) County DUNKLIN
(b) City or town KENNETT—TOWNSHIP Ind. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at HOME — R-16 Mi, N.E
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County DUNKLIN 35
(c) City or town KENNETT—RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6 Mi, N.E — 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no 0 years.

3. (a) PRINT FULL NAME (UNNAMED) KINNARD
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex MALE 0
5. Color or race W.
6. (a) Single, widowed, married, divorced SINGLE C
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased APRIL (Month) 30 (Day) 1941 (Year)

8. AGE: Years	Months	Days	If less than one day
—	—	—	5 hr. 45 min.

9. Birthplace KENNETT TOWNSHIP (City, town, or county) 0 MO. (State or foreign country)
10. Usual occupation no
11. Industry or business —
FATHER
12. Name OSCAR LESLIE KINNARD
13. Birthplace INDEPENDENCE, CO. (City, town, or county) 1 ARK. (State or foreign country)
MOTHER
14. Maiden name SUSIE CATHERINE GOLDSMITH
15. Birthplace GREENWAY (City, town, or county) 1 ARK. (State or foreign country)
16. (a) Informant OSCAR L. KINNARD
(b) Address KENNETT, MO. R.F.D. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 (Month) (Day) 1941 (Year)
(c) Place: burial or cremation Gregory
18. (a) Signature of funeral director [signature]
(b) Address Kennett, Mo.
19. (a) 4-30-41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 30d year 1941 hour 4:00 minute P. M.
21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death PREMATURE BIRTH	
Due to PREMATURE LABOR of MOTHER	
Due to	
Other conditions (Include pregnancy within 3 months of death) 159	
Major findings: Of operations	
Of autopsy	

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)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address HOLCOMB, MO. Date signed 4/30/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 541-69
Date Filed 5/14/41

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 ....., Registered Apprentice No. ..... working under my personal supervision.

Not Embalmed

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

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

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