

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC HEALTH
FILED SEP 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28556

State File No. _____

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 121

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Carthage O. T.
 (c) Name of hospital or institution None, 411 S. McGregor St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community 50 Years
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 049
1
3
 (a) State Missouri (b) County Jasper
 (c) City or town Carthage
 (If outside city or town limits, write "RURAL")
 (d) Street No. 411 S. McGregor
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ophelia C. Kinsella
 3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 30
 year 1941 hour 6 minute 30 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Wm. James 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him did not see him alive and that death occurred on the date and hour stated above.

7. Birth date of deceased March 9 1861
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	5	11	hr. _____ min.

Immediate cause of death Senility

9. Birthplace Litchfield Ill. 1
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions 16 2 P
 (Include pregnancy within 3 months of death)

10. Usual occupation At Home
 11. Industry or business None
 12. Name John Campbell
 13. Birthplace Unknown Ill. 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Nancy Murphy
 15. Birthplace Unknown Ill. 1
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____

16. (a) Informant Mrs. Fred Hulett
 (b) Address Lake Side Mo.
 17. (a) Burial (b) Date thereof Sept. 1, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Park Cemetery
 18. (a) Signature of funeral director Knell Mortuary
 (b) Address Carthage Mo.
 19. (a) Aug. 30, 1941 (b) E. J. McIntire, M. D.
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place) (e) Means of injury Cocaine
 23. Signature P. A. Trebol (M. D. or other)
 Address Carthage Mo. Date signed Aug 31

(Licensed Embalmer's Statement on Reverse Side)

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

9
1
3

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 Lucy Kuce-Buckner

Licensed Embalmer No. 2510

P. O. Address Carthage, TN

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, fact should be so stated above.