No. 2
-11-10-39
5-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35831

Registration District No. 713 Primary Registration District No. 5942 Registrar's No.

1. PLACE OF DEATH:
(a) County PULASKI
(b) City or town WAYNESVILLE 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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PULASKI 85
(c) City or town WAYNESVILLE Mo
(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.

3. (a) PRINT FULL NAME LILLIAN IRENE KINWORTHY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
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 MARCH (Month) 7 (Day) 1926 (Year)
8. AGE: Years 15 Months 4 Days 4 If less than one day hr. min.
9. Birthplace SHANNON Co. (City, town, or county) Mo (State or foreign country)
10. Usual occupation none
11. Industry or business none
FATHER 12. Name HENRY A KINWORTHY
13. Birthplace MILLER County Mo (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name MARY ALISHA MACHON
15. Birthplace MILLER Co. Mo (City, town, or county) (State or foreign country)
16. (a) Informant HENRY A KINWORTHY
(b) Address WAYNESVILLE Mo
17. (a) TEXAS Co. (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation MURREL CEMETRY
18. (a) Signature of funeral director J. L. Harper & Sons
(b) Address CROCKER, Mo
19. (a) 10/21/41 (Date received by local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1941 hour 3 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.

Immediate cause of death Electricution by lightning — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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) Accident
(b) Date of occurrence 10/14/41 0845
(c) Where did injury occur? 5 MI. ~~E~~ WEST WAYNESVILLE (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 2
23. Signature Howard O. Nicholson (M. D. or other) M.D.
Address Waynesville, Mo. Date signed 10/14/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 1141-54
Date Filed 11-6-41

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 ~~me~~ Geo. F. Hoop, Registered Apprentice No. _____, working under my personal supervision.

Signed Geo. F. Hoop

Licensed Embalmer No. 3618

P. O. Address Crocker 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.