

JAN 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42732

State File No.

Registration District No. 686

Primary Registration District No. 4410

Registrar's No. 24

1. PLACE OF DEATH:

(a) County PIKE
(b) City or town CURRYVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 43 YEARS
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME WILLIAM LEWIS KINION

3. (b) If veteran, name war: 3. (c) Social Security No. 0-A-A No. 315

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife DELIHAN AGNES KINION 6. (c) Age of husband or wife if alive, years 17

7. Birth date of deceased: JUNE (Month) 1862 (Day) (Year)

8. AGE: Years 79 Months 6 Days 5 If less than one day hr. min.

9. Birthplace LINCOLN COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name SAM KINION

13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name NANCY CALHOUN

15. Birthplace VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant HENRY DIXON

(b) Address CURRYVILLE MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 24 1941
(Month) (Day) (Year)

(c) Place: burial or cremation MOUNT AIR

18. (a) Signature of funeral director W.S. WATERS

(b) Address VANDANIA MISSOURI

19. (a) Dec 24 1941 (Date received local registrar) (b) Gene C. Henderson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE
(c) City or town CURRYVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22
year 1941 hour 80 minute 20 M.

21. I hereby certify that I attended the deceased from 12/21
1941 to 12/22 1941
that I last saw him alive on 12/21/41 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Hyperstatic) Duration 1 day

Due to Influenza

Due to

Other conditions (Include pregnancy within 3 months of death) 33 lb

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?

While at work? (Specify type of place) (e) Means of injury 2 hrs

23. Signature J.M. Waters (M. D. or other) 2 hrs

Address Bowling Green Mo Date signed 2/24/42

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

2
0
0

621

RECEIVED

District Health Officer No. 10

District File Number 1-42-35

Date Filed JAN 9 1942

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 Wm B Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia, 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, fact should be so stated above.