

FILED FEB 16 1942
873-

Registration District No. _____

Primary Registration District No. 6162

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Bural - Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp. # 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days
(Specify whether
In this community 24 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dallas
(c) City or town Urbana
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT

FULL NAME Margaret Adeline Kinnich
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 7 1851
(Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Polt Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Wf

11. Industry or business _____

MOTHER { 12. Name Unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Has record

(b) Address _____

17. (a) Burial (b) Date thereof 1-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Byrnes Chapel

18. (a) Signature of funeral director Vaughan & Son

(b) Address Urbana, Mo.

19. (a) 1-10-42 (b) Allen V. Hayes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4
year 1942 hour 8 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 10, 1941, to Jan 4, 1942.
that I last saw her alive on Jan 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial degeneration

Due to _____

Due to _____

Other conditions Senile Psychosis
(Include pregnancy within 3 months of death) 3 yrs

Major findings: Of operations _____

Of autopsy 93d

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 _____

23. Signature F S Martine (M. D. or other) 0

Address St Hosp # 3 Date signed 1/11/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 2-42-137

Date Filed 2-13-42

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 _____

John F. Resu

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.