

**FILED AUG 19 1942 621**

Registration District No. **244 621**

Primary Registration District No. **5823**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
 (a) County Nodaway  
 (b) City or town Elmo, Missouri (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Lincoln Hosp  
(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 20 Years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Nodaway  
 (c) City or town Elmo, Missouri  
(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** Katie Louise Kinman  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month July day 30 year 1942 hour 2 30 P.M.  
**21. I hereby certify that I attended the deceased from** July 30 1942 to July 30 1942  
 that I last saw her alive on July 29 1942 and that death occurred on the date and hour stated above.

**4. Sex** Female / **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Ercille Kinman **6. (c) Age of husband or wife if alive** 49 years  
**7. Birth date of deceased** January 21, 1898  
(Month) (Day) (Year)

**Immediate cause of death**  
Pulmonary tuberculosis 20 yrs  
arteriosclerotic tuberculosis 19 yrs

**8. AGE:** Years 44 Months 6 Days 9 If less than one day hr. \_\_\_ min. \_\_\_

**Due to** \_\_\_\_\_  
**Due to** \_\_\_\_\_  
**Other conditions** (Include pregnancy within 3 months of death) 13 1/2  
**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**9. Birthplace** Custer City Oklahoma /  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** Housewife

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.  
 \_\_\_\_\_

**11. Industry or business** None  
**12. Name** Richard Ennen  
**13. Birthplace** Germany  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Lena Bauman  
**15. Birthplace** (Enroute from Germany to U.S.)  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Ercille C. Kinman  
**(b) Address** Elmo, Missouri  
**17. (a) Burial** (b) Date thereof 8-1-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Elmo, Missouri

**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 \_\_\_\_\_

**18. (a) Signature of funeral director** Pric Funeral Home  
**(b) Address** Marville, Mo  
**19. (a) Aug 1 1942** (b) Mar W G Carpenter  
(Date received local registrar) (Registrar's signature)

**23. Signature** [Signature] (M. D. or other) [Signature]  
**Address** [Address] **Date signed** 8/1/42

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

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**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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Mayville, 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.**