V. S. No. 2
0M—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 1 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5642

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 wks. Hospital (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan 105
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Penn Township 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Mollie Boynton Kriner

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred Kriner
6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October (Month) 1 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	3	20	hr. min.

9. Birthplace Middletown (City, town, or county) / Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Farm

FATHER
12. Name Sumner Boynton
13. Birthplace Wheelersburg (City, town, or county) / Ohio (State or foreign country)

MOTHER
14. Maiden name Elizabeth Flanders
15. Birthplace Wheelersburg (City, town, or county) / Ohio (State or foreign country)

16. (a) Informant Fred Kriner
(b) Address Green Castle, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Jan. 23, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Crematory K. C. Mo.

18. (a) Signature of funeral director Glenn E. Kent & Son
(b) Address Green City, Missouri

19. (a) Jan. 21, 1943 (Date received local registrar) (b) Mrs. J. C. Wayne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-21- day 1943
year hour 8 AM minute — M.

21. I hereby certify that I attended the deceased from 1-1-1940 to 1-21, 1943, ~~to~~ ~~x, 19~~
that I last saw her alive on 1-21- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 2 days

Due to

Due to

Other conditions Carcinoma of breast
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy — 50

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

23. Signature R R Ellis (M. D. or other)
Address Kirksville Mo Date signed 1-21-43

1077

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1953

RECEIVED
District Health Officer No. 10
District File Number 388
Date Filed FEB 16 1943

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.