

FILED APR 15 1943

Registration District No. 113

Primary Registration District No. 4185

State File No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town St Clair MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Private Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 55 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town St Clair  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME MAUDE MRS. KINNEY

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

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Joseph M. Kinney 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased 6 26 1886  
(Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 18 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Rural St Clair MO  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_  
12. Name Levi Johnson  
13. Birthplace (Unknown) MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Ella Kimberlin  
15. Birthplace (Unknown) MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Julius M. Kinney  
(b) Address St Clair MO  
17. (a) Burial (b) Date thereof 3 19 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Virginia Mines

18. (a) Signature of funeral director Casey J. Lewis  
(b) Address St Clair MO  
19. (a) 3/18/43 (b) R. J. King  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th year 1943 hour 4 minute 20 P. M.  
21. I hereby certify that I attended the deceased from May 27th 1922 to March 16, 1943.  
that I last saw her alive on March 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Ends Myocarditis Duration Jan 27/43 to Mar 16/43

Due to Pyo Nephritis - Septic Jan 21, 1943 to Mar 16, 1943  
Due to Influenza - Acute Dec 19, 1942

Other conditions sluggish liver Gastritis Aug 1, 1942 to Mar 16/43  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 1935  
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? \_\_\_\_\_  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature C. F. Brigglet, M.D. (M. D. or other)  
Address St Clair, MO Date signed Mar 18/43

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

**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 *Jno L. Hughes*

Licensed Embalmer No. *3008*

P. O. Address *Pacific 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.**