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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 14 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. [illegible]

Registration District No. 79 | Primary Registration District No. 5376 | Registrar's No. 157

1. PLACE OF DEATH:
(a) County DeKalb Co.
(b) City or town Rural Church Reid Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 75 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 32
(a) State Missouri (b) County DeKalb
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles N.W. of Camero
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Kinsella

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

4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife James Kinsella
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 12 (Day) 1856. (Year)

8. AGE: Years 87 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace (City, town, or county) Canada 2 (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Francis Flynn
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name No Record.
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
16. (a) Informant Chas. Kinsella
(b) Address Cameron
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Catholic cemetery
18. (a) Signature of [redacted] director Roland Funeral Home
(b) Address Cameron
19. (a) 12-11-43 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 12:30 P.M. hour minute M.
21. I hereby certify that I attended the deceased from Jan 18, 1943, to Dec 9, 1943
that I last saw her alive on Dec 8, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address Cameron Mo Date signed 12/14/43

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(Licensed Embalmer's Statement on Reverse Side)

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 Gerald F. Wade

Licensed Embalmer No. 4172

P. O. Address Cameron 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.