

S. No. 2  
M-9-4-41  
v. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43931

State File No.

FILED DEC 17 1943

Registration District No. 175

Primary Registration District No. 6095

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Schuyler  
(b) City or town Rural, Fabius Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler  
(c) City or town Rural Fabius  
(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 William Henry Kinion

3. (b) If veteran, name war none 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Josephine Kinion 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 3 9 1858  
(Month) (Day) (Year)

8. AGE: Years 84 Months 7 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Henry Iowa  
(City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Willie Kinion  
13. Birthplace Lincoln Missouri  
(City, town or county) (State or foreign country)  
14. Maiden name Elizabeth Whitsett  
15. Birthplace Lincoln Missouri  
(City, town or county) (State or foreign country)

16. (a) Informant Dr. Vaughn  
(b) Address Lancaster, Mo.

17. (a) Burial (b) Date thereof Nov. 7 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Willie Cemetery

18. (a) Signature of funeral director J. O. Denton  
(b) Address Lancaster, Mo.

19. (a) Nov 7 1943 (b) A. Justice  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6  
year 1943 hour 9 minute 30 A.M.  
21. I hereby certify that I attended the deceased from Nov 5  
1943, to Nov 5, 1943  
that I last saw him alive on Nov 5, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration  
Due to Old Age

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place) (b) Means of injury 2  
23. Signature P. E. Vaughn (M. D. or other) DO.  
Address Lancaster, Mo. Date signed 11/6/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

1278

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

RECEIVED  
District Health Officer No. 10  
District File Number 12-43-2920  
Date Filed DEC 15 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.....

P. O. Fenton....., Registered Apprentice No. 3705  
working under my personal supervision.

Signed P. O. Fenton  
Licensed Embalmer No. 3705  
P. O. Address Lancaster, 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.