

Registration District No. 15

Primary Registration District No. 3004

State File No. _____

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Elm Lamin Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Barton

(c) City or town Lamar
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lizzie Kinch

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

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

6. (b) Name of husband or wife Oscar Kinch 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 2 - 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace Sonestown Penna
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Geo Skinner

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Walterason

(b) Address Lamar, Mo

17. (a) Burial (b) Date thereof 1-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director Rivers Funeral Home While at work? _____
(Specify type of place)

(b) Address Lamar, Mo

19. (a) 1-30-44 (b) Martha Rice
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29th
year 1944 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 25
1944, to Jan 29, 1944
that I last saw her alive on Jan 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Branchio Pneumonia

Due to _____

Due to Cerebral Hemorrhage

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 8301

Of operations _____

Of autopsy _____

Duration _____

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? _____

23. Signature D. E. Druxell (M. D. or other) MD
Address Lamar, Mo Date signed 1-29
1944

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

RECEIVED
District Health Officer No. 6,
District File Number 244-155
Date Filed FEB 11 1944

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 *R. W. River*

Licensed Embalmer No. 3141

P. O. Address *Lamar, 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.