. S. No. 2
0M—2-43
ev. 5-17-39
-1 X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1944

Registration District No. 137

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4212

State File No. 3012

Registrar's No. 8

42 0 8

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 81
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Clinton
(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 Thomas R. Kinnaman

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

4. Sex M | 5. Color or race W | 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of ~~husband~~ wife Minnie A Kinnaman
6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 3 (Month) 3 (Day) 1862 (Year)

8. AGE: Years 82 | Months 8 | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace Madison (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Levi Kinnaman
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Temple Chilcutt
(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 7 44 (Month) (Day) (Year)
(c) Place: burial or cremation: Carpenter Cem

18. (a) Signature of funeral director Thos Wilkinson
(b) Address Clinton Mo

19. (a) January 7 1944 (Date received local registrar) Georgia Ritchie (Registrar's signature)

1069

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1944 hour 3 minute ~~P.M.~~ A.M.

21. I hereby certify that I attended the deceased from January 2, 1944, to January 5, 1944; that I last saw h~~im~~ alive on January 5 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Apoplexy	
Due to Embolism	3 days.
Due to	
Other conditions Locomotor ataxia (Include pregnancy within 3 months of death)	5 mos.

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 E. N. Robinson (M. D. or other) D.O.
Address Chilhowee Mo. Date signed 1/6/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7d
District File Number 1-44-144
Date Filed 2-9-44

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 Fred W. Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton, N

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.