

FILED APR 13 1944

Registration District No. 13

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11093

Primary Registration District No. 3023

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Henry (b) City or town Clinton (c) Name of hospital or institution: 1600 E Green St  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution  
In this community 25 years (Specify whether  
years, months or days)

3. (a) PRINT  
FULL NAME John E. Kinyan

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

6. (b) Name of husband or wife Anna F. Kinyan 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Feb 29 1873  
(Month) (Day) (Year)

8. AGE: Years 71 Months 0 Days 10 If less than one day  
hr. 0 min. 0

9. Birthplace Galesburg Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation Mechanic

11. Industry or business

FATHER 12. Name John E. Kinyan Ill  
13. Birthplace Clinton Mo

MOTHER 14. Maiden name Went Know 9  
15. Birthplace Clinton Mo

16. (a) Informant Harold E. Kinyan  
(b) Address Clinton Mo

17. (a) Burial (b) Date thereof Mar 10 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consultant Real  
(b) Address Clinton

19. (a) March 11 1944 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Clinton Mo (If outside city or town limits, write "RURAL")  
(d) Street No. 600 E Green St (If rural, give location)

(e) Citizen of foreign country? None (Yes or No)  
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 10 year 1944 hour 3 minute 4 M.

21. I hereby certify that I attended the deceased from 3-10- to 1944,  
that I last saw him alive on Some time ago,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Edema Duration

Due to Pneumonia Edema

Due to None

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None None None

Of operations None  
Of autopsy None

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(City or town) (County) (State)

While at work None None None  
(Specify type of place) None None None  
Means of injury None None None

23. Signature E. C. Caylor Mo None None  
(Other)  
Address Clinton Mo Date signed 3/11/44

This man died before I saw him.  
I had not been treating him. Diagnosis  
from his appearance and description  
of his death by the woman who  
attended him

Edd. Peeler

RECEIVED

District Health Officer No. 7  
District File Number 3-44-471  
Date Filed 4-11-44

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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.....

J. E. Peeler

Licensed Embalmer No. 189

P. O. Address. Clinton, N.Y.

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.