

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

11594
Do not use this space.

FILED APR 12 1944

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 237
 (b) Township Auterson Primary Registration District No. 5820
 (c) City Hideon Mo. (d) Street No. 1 St. 1
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 11

2. PRINT FULL NAME

~~Richard Charles Kinsey~~
 (a) Residence, No. Charles Richard St. (If nonresident, give city or town and State) 0
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Carlene Kinsey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27/1899
 7. AGE YEARS 54 MONTHS 2 DAYS 16 If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) Feb 25/44 11. Total time (years) spent in this occupation 61
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1
 13. NAME Dase Kehney
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9
 17. INFORMANT (ADDRESS) Richard Kinsey Hideon Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Stouffield DATE Mar 12 1944
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) James Campbell
 20. FILED Mar 12 1944 Julia Mason Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12 1944
 22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1944 to Mar 12 1944
 I last saw him alive on Mar 5 1944. Death is said to have occurred on the date stated above, at 3:15 pm
 The principal cause of death and related causes of importance were as follows:
Diphtheria Toxicities
 Date of onset
 Other contributory causes of importance:
 Name of operation 0 Date of:
 What test confirmed diagnosis? clinical Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? 0 Date of injury....., 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify..... (Signed) R. B. Bess, M. D.
 (Address) Hideon Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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APR 12 1950

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.