

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FILED APR 20 1944

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2007

State File No. 14261

Registrar's No. 93

1. PLACE OF DEATH

(a) County Butler
 (b) City or town Poplar Bluff
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Poplar Bluff Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 weeks
 (Specify whether years, months or days)
 In this community 13 weeks

3. (a) PRINT FULL NAME

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Doyle Mary M. Kinney

6. (c) Age of husband or wife if 66 years

7. Birth date of deceased Nov 2 1878
 (Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 15
 If less than one day hr. min.

9. Birthplace Poplar Bluff Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Hotel keeper

11. Industry or business

12. Name Thomas M. Kinney

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

14. Maiden name Mary Martha Thompson

15. Birthplace U.S.A.
 (City, town, or county) (State or foreign country)

16. (a) Informant Clearance M. Kinney

(b) Address Van Buren

17. (a) (Burial, cremation, or removal) Grandson

(b) Date thereof Mar 19 44
 (Month) (Day) (Year)

(c) Place: burial or cremation Grandson

18. (a) Signature of funeral director Beaton Hewitt

(b) Address Van Buren Mo

19. (a) 3-21-44 (b) Belle Kinney
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter
 (c) City or town Grandin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) Citizen of foreign country? 1 (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17
 year 1944 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1944, to May 17, 1944,
 that I last saw him alive on May 17, 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiomyopathy stomach
 Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none
 (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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Wm. Kinney (M. D. or other)

Address Poplar Bluff Mo Date signed

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

RECEIVED

District Health Office No. 2,

District File Number 44-641

Date Filed 4-12-44

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 Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.