

FILED MAY 10 1944

Registration District No. 72

Primary Registration District No. 431

Registrar's No. 50

1. PLACE OF DEATH:

(a) County CLAY

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

(c) Name of hospital or institution: AT-HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County CLAY

(c) City or town AVONDALE - MO
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM-D. MYNATT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION-

20. DATE OF DEATH: Month APRIL day 22nd
year 1944 hour 1130 minute P.M.

21. I hereby certify that I attended the deceased from 3-30
1944 to 4-22 1944
that I last saw him alive on 4-21 1944
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife NORA-CORDEITH-MYNATT

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

7. Birth date of deceased Nov-16-1870
(Month) (Day) (Year)

Immediate cause of death Uremia

Due to chronic nephritis

Due to _____

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

8. AGE: Years Months Days If less than one day

73 5 15 23 hr. 1/2 min.

9. Birthplace MIDLAND TENN
(City, town, or county) (State or foreign country)

Major findings: 1316

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation FARMER

11. Industry or business BUSINESS

12. Name LINVILLE-MYNATT

13. Birthplace LONDON - ENGLAND
(City, town, or county) (State or foreign country)

14. Maiden name AYNA-HINES

15. Birthplace UNKNOWN - PENN
(City, town, or county) (State or foreign country)

16. (a) Informant SON - M. Y. MYNATT

(b) Address RR #5 NORTH KAN. CITY

17. (a) BURIAL (b) Date thereof 4-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LIBERTY - MO

18. (a) Signature of funeral director MORTON-FUNERAL H.

(b) Address NORTH-KAN-CITY, MO

19. (a) Apr 24-1944 (b) Arthur N Henry
(Date received local registrar) (Registrar's signature)

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other)

Address N.B.C. MO Date signed 4-24-44

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

4
0
0

RECEIVED

District Health Officer No. 3,

District File Number _____

Date Filed 5-9-47

4461.91 NDC

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed John S. Morlon

Licensed Embalmer No. 4349

P. O. Address 70 Kan City, 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.