

FILED SEP 13 1944

Registration District No. **372**

Primary Registration District No. **6153**

Registrar's No. **31**

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

1. PLACE OF DEATH:

(a) County: **Stoddard**
(b) City or town: **Rural Pike**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community: **4.5 year** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** County: **Stoddard**
(c) City or town: **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No.: **Near Bell City**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME

MARTHA ELIZABETH KINNEY

3. (b) If veteran, name war: **None**

3. (c) Social Security No. **None**

4. Sex: **Female** 5. Color or race: **White** 6. (a) Single, widowed, married, divorced: **Married**

6. (b) Name of husband or wife: **Richard Allen Kinney** 6. (c) Age of husband or wife if alive: **82** years

7. Birth date of deceased: **Jan. 14, 1874**
(Month) (Day) (Year)

8. AGE: Years: **70** Months: **5** Days: **2** If less than one day: _____ hr. _____ min.

9. Birthplace: **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Newscrip**

11. Industry or business: _____

12. Name: **Larrie Menley**

13. Birthplace: **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name: **Sarah James Menley**

15. Birthplace: **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Leta Thomas**

(b) Address: **Dequincy, Louisiana**

17. (a) **Burial** (b) Date thereof: **June 9, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Nations New Year**

18. (a) Signature of funeral director: **Clayton**

(b) Address: **Adair**

19. (a) **June 24, 1944** (b) **M. P. Shriver**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **June** day: **6**
year: **1944** hour: **2** minute: **15 A.M.**

21. I hereby certify that I attended the deceased from **6-6** to **6-6** 19**44**
that I last saw him **ER** alive on **6-6** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death: **CANCER OF AXILLA** Duration: **UNKNOWN**

Due to: **UNKNOWN**

Due to: _____

Other conditions: **UNKNOWN**
(Include pregnancy within 3 months of death)

Major findings: **657**
Of operations: _____

Of autopsy: _____

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: **2**

23. Signature: **D. L. Davison** (M.D. or D.V.M.)
Address: **2400 METFIELD** Date signed: **6-15-44**

PHYSICIAN
Underline the cause to which death should be charged statistically.

1131

RECEIVED

District Health Office No. 2,

District File Number 944-1238

Date Filed 9-11-44

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.....

Lloyd S. Morgan Registered Apprentice No.
working under my personal supervision.

Signed Lloyd S Morgan

Licensed Embalmer No. 2261

P. O. Address Advocate, 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.