S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37220

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1233

1. PLACE OF DEATH:
(a) County Buchanon
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3820 So 11th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 40 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanon 11
(c) City or town St Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 3820 So 11th 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rollie Wilbur Kinnison
3. (b) If veteran, name war
3. (c) Social Security No. 491-09-3161
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha L.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 25 (Day) 1886 (Year)
8. AGE: Years 58 Months 9 Days 13 If less than one day hr. min.
9. Birthplace Bolckow (City, town, or county) Mo (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Drug Co.
MOTHER FATHER
12. Name Allison Kinnison
13. Birthplace [redacted] Ill (City, town, or county) (State or foreign country)
14. Maiden name Cordie Robinson
15. Birthplace Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Bertha L. Kinnison
(b) Address St Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Auburn Cem St Joseph, Mo.
18. (a) Signature of funeral director Fleemon & Son Inc
(b) Address
19. (a) 12-11-44 (Date received local registrar) (b) Helen I Riddle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1944 hour 4 minute A M.
21. I hereby certify that I attended the deceased from July 29, 1944 to Dec 8, 1944 that I last saw alive on Oct 24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Insufficiency — Duration: month
Due to Rheumatic Heart Disease — Duration: year
Due to Val. dis. chronic mit. stenosis
Other conditions (Include pregnancy within 3 months of death) Enlargement of Heart, Chr. Fibrillation
Major findings: Of operations
Of autopsy

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

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 Dr [illegible] (M. D. or other) MD
Address St Joseph Mo Date signed 12-8-44

1377 (Licensed Embalmer's Statement on Reverse Side)

JUN 26 1945

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 Robert L Hyde

Licensed Embalmer No. 3306

P. O. Address St Joseph, 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.