

FILED MAY 15 1945
Registration District No. **55**

Primary Registration District No. **4081**

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

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Bosworth
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Bosworth
(If outside city or town limits, write "RURAL")
(d) Street No. 11
(If rural, give location) 6
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME FRANCIS KINSEY

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife ORON D. KINSEY 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased MARCH 25 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 28 If less than one day hr. min.

9. Birthplace Bosworth MO D
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name ROBERT GREEN
13. Birthplace PENN
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Smith
15. Birthplace NEW YORK
(City, town, or county) (State or foreign country)

16. (a) Informant ORON D. KINSEY
(b) Address BOSWORTH 7770

17. (a) BURIAL (b) Date thereof 4-26-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BIG CREEK CEMETERY

18. (a) Signature of funeral director David Edwards

(b) Address Bosworth Missouri

19. (a) April 25-45 (b) Ruth Perry Edwards
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1945 hour 11 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 1 to April 10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration

Due to Pneumonia
hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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? Yes (Specify type of place) _____ Means of injury None

23. Signature [Signature] (M. D. or other) MD
Address Bosworth MO Date signed April 24 1945

RECEIVED

District Health Officer No. 8

District File Number

Date Filed

6714/15

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 David J. Edwards

Licensed Embalmer No. 32657

P. O. Address Bosworth, 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.