

FILED JUN 11 1945
Registration District No. **257**

Primary Registration District No. **3028**

Registrar's No. **97**

1. PLACE OF DEATH:

(a) County **Jasper**

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

(c) Name of hospital or institution:
316 Fulton St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **15 Months**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **ILA 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 **Widowed**

6. (b) Name of husband or wife **Henry Kinney**

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

7. Birth date of deceased **April 19, 1858**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	87	0	15	hr. min.

9. Birthplace **X Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Jesse Brookshire**

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

14. Maiden name **Malinda Gardner**

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

16. (a) Informant **Mr. Glenn Kinney**

(b) Address **Routé #3, Carthage, Mo.**

17. (a) **Burial** (b) Date thereof **5-6-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Center Cemetery**

18. (a) Signature of funeral director **Ed. C. Ulmer**

(b) Address **Carthage, Missouri**

19. (a) **May 6, 1945** (b) **Elizabeth Couplin**
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**

(c) City or town **Sarcoxie**
(If outside city or town limits, write "RURAL")

(d) Street No. **0**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No) **1**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **4**, year **1945** hour **5:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 26**, 19**44** to **May 4**, 19**45**
that I last saw her alive on **May 3**, 19**45**
and that death occurred on the date and hour stated above

Immediate cause of death **Hypostatic Pneumonia**
Duration **6 days**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **1110**

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 **W. B. York** (M. D. or other)

Address **Sarcoxie, Mo** Date signed **5/16/45**

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

9-1-30

1203

