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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31132**
Registrar's No. _____

FILED **OCT 27 1945**
Registration District No. _____

Primary Registration District No. **4403**

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

1. PLACE OF DEATH:

(a) County Pemiscot
 (b) City or town Steub
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community 2.5 yrs
years, months or days

3. (a) PRINT FULL NAME James Andrew Kinley
 3. (b) If veteran, yes name war World War II
 3. (c) Social Security No. 4497-18-7318

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Bessie Kinley
 6. (c) Age of husband or wife if alive 23 years
 7. Birth date of deceased Sept 30 1920
(Month) (Day) (Year)

8. AGE: Years 24 Months 11 Days 22
 If less than one day _____ hr. _____ min.

9. Birthplace Steub Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Ernest Kinley
 13. Birthplace Steub Mo
(City, town, or county) (State or foreign country)
 14. Maiden name Lida Brown
 15. Birthplace Steub Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Kinley
 (b) Address Steub Mo
 17. (c) Burial (b) Date thereof 9-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Grave

18. (a) Signature of funeral director J. J. Brown
 (b) Address Steub Mo

19. (a) 9/29/45 (b) J. J. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
 year 1945 hour 5 minute _____ P. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above. . . .

Immediate cause of death gun shot wound in left breast
penetrating up to the heart
 Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 1666
 Of autopsy _____

Duration _____
 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) homicide
 (b) Date of occurrence Sept 22 1945
 (c) Where did injury occur? Steub Pemiscot Mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
(Specify type of place)
 While at work? no (e) Means of injury _____
 23. Signature Jack Kelly coron (M.D. or other) 3
 Address Steub Mo Date signed 9-22-45

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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.....

Jack Kelley

Licensed Embalmer No. 3788

P. O. Address. Hart: 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.