S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41365

Registration District No. 141 Primary Registration District No. 5553 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Howell
(b) City or town South Fork, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution At Residence South Fork
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Howell 46
(c) City or town South Fork, Mo.
(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

3. (a) PRINT FULL NAME James Anderson Kinchelow
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 10 (Month) 25 (Day) 1945 (Year)
8. AGE: Years | Months 2 | Days | If less than one day hr. min.
9. Birthplace South Fork (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Everett B. Kinchelow
13. Birthplace Elkhart (City, town, or county) Kansas (State or foreign country)
MOTHER
14. Maiden name Nina Alsup
15. Birthplace South Fork (City, town, or county) Mo. (State or foreign country)
16. (a) Informant E. B. Kinchelow
(b) Address South Fork Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 12 26 45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion
18. (a) Signature of funeral director Robertson
(b) Address West Plains, Mo
19. (a) Jan. 4 1946 (Date received local registrar) (b) Gladys Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25 year 1945 hour 9 minute 9 A. M.

21. I hereby certify that I attended the deceased from Child developed Pneumonia from influenza and died before they could get a doctor. 19 to 19 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	
Due to Influenza —	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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? Child developed Pneumonia from Influenza and died before they could get a doctor
While at work? (Specify type of place) (e) Means of injury

23. Signature Gladys Harrison (M.D. or other) Local Registrar
Address West Plains, Mo. Date signed 1-4-46

1519

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 14671
Date Filed 1-9-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.