

No. 2  
1-5-43  
5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6643  
Registrar's No. 12

Registration District No. 268

Primary Registration District No. 4396

1. PLACE OF DEATH:  
(a) County Pemiscot  
(b) City or town Wardell  
(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 9 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pemiscot 78  
(c) City or town Wardell  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edie B. Kink  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 19  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Oct 6 1911  
(Month) (Day) (Year)

Immediate cause of death, Complete Fractures of Skull  
Due to Being Beaten to Death By a Club  
Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
34 4 12 hr. \_\_\_\_\_ min.

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

10. Usual occupation none mentally unimpaired

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name William E. Kink  
13. Birthplace Herkshire Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Cora Prout  
15. Birthplace Liptonville Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant William E. Kink  
(b) Address Wardell Mo.

17. (a) Wardell Burial (b) Date thereof 2-18-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wardell Mo.

18. (a) Signature of funeral director La Forge Mch. Co.  
(b) Address Caruthville Mo.

19. (a) 2-19-46 (b) Mrs. H. G. Stinson  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) homicide  
(b) Date of occurrence 2-18-46  
(c) Where did injury occur? Wardell Pemiscot Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Farm  
While at work? no (Specify type of place) (e) Means of injury 3  
23. Signature Jess Kelley Coroner (M.D. or other)  
Address Nazth Mo Date signed 2-19-46

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

2-46-53

STATEMENT BY LICENSED EMBALMER

*not*

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..... *Noel C. Sean* .....

Licensed Embalmer No. *3941* .....

P. O. Address..... *Conithuall, Md.* .....

**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.**