S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17662

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: II5 South 4th St. /
(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 DEACEASED:
(a) State Mo. (b) County Pike 82
(c) City or town Louisiana 2.
(If outside city or town limits, write "RURAL")
(d) Street No. II5 South 4th St. /
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN THOMAS KINION
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male ()
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 8 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
89	8	27	hr. min.

9. Birthplace Lincoln Co. Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business Resturant operator
FATHER
12. Name Samuel Kinion 0
13. Birthplace ? (City, town, or county) ? (State or foreign country) 7
MOTHER
14. Maiden name Nancy Calhoun
15. Birthplace ? (City, town, or county) ? (State or foreign country) 9
16. (a) Informant Douglas Wells
(b) Address II5 S. 4th, Louisiana, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Corner Stone Cem.
18. (a) Signature of funeral director Haley Mortuary
(b) Address Louisiana, Missouri
19. (a) 4/5/46 (Date received local registrar) (b) Margaret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5 year 1946 hour 9 minute 30 A. M.
21. I hereby certify that I attended the deceased from March 30/46, 19..., to April 5/46, 19...; that I last saw him alive on April 4/46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Asthma	?
Due to	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)
While at work (e) Means of injury 0

23. Signature D. M. Pearson (M. D. or other)
Address Louisiana, Mo. Date signed 4/5/46

255 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-46-1089
Date Filed MAY 23 1946

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 George O. Wagner, Registered Apprentice No. ....., working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 2713

P. O. Address Louisiana, 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.