

FILED DEC 23 1946

Registration District No. 231

Primary Registration District No. 3048

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
701 East 5th Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 701 East 5th. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leviccie Katherine Kinman

3. (b) If veteran, _____ name war. _____
3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles Kinman
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased January 30 1881
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 26
If less than one day
hr. _____ min. _____

9. Birthplace Clinton Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Wiley Davis

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

14. Maiden name Nannie Lew

15. Birthplace Nodaway County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Kinman

(b) Address Maryville, Missouri

17. (a) Burial (b) Date thereof 11/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clearmont Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville, Missouri

19. (a) 11/27/46 (b) Beas Holt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th.
year 1946 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Nov 24
1946 to Nov 26 1946
that I last saw her alive on Nov 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Courtesy thrombosis

Due to _____

Due to _____

Other conditions
(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?

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature A. J. Garten (M. D. or other) Do.

Address Maryville Date signed 11-26-46

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

MOTHER FATHER

MISSOURI HEALTH CARE
Cameron, Mo.

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..... *W. L. Lee*.....

Licensed Embalmer No. *2539*.....

P. O. Address..... *Maryville 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.