

S. No. 2
M-5-43
7.5-17-39
I X36671

Dr. Eaten
State File No. _____

FILED MAR 11 1947

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 103

16
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days) 26 years

3. (a) PRINT FULL NAME James Joseph Kinney

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 20 1920
(Month) (Day) (Year)

8. AGE: Years 26 Months 3 Days 28
If less than one day hr. _____ min. _____

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

10. Usual occupation Labourer

11. Industry or business _____

12. Name Jack Kinney

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

14. Maiden name Spice

15. Birthplace St. Charles Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Kinney

(b) Address Potosi Mo

17. (a) Burial St. Francis (b) Date thereof 2-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi Cemetery Mo

18. (a) Signature of funeral director State Funeral Parlor

(b) Address Potosi Mo

19. (a) 3-3-1947 (b) C. G. Summers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Potosi
(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 2 day 18
year 47 hour 7 minute 17 P. M.

21. I hereby certify that I attended the deceased from 2-9 to 2-18 1947
that I last saw h. e. m. alive on 2-18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute heart failure

Due to Chronic myocarditis

Due to long standing with decompensation

Other conditions Rheumatic lock -
(Include pregnancy within 3 months of death)

Major findings: ground

Of operations _____

Of autopsy _____

Duration _____

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 D

23. Signature Alfred M. Estes (M. D. or other) _____
Jacobson Mo Date signed 2-22-47

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RECEIVED

Health Officer No. 4

347-339

3-10-47

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 *No Embalming* ✓

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.