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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1947

Registration District No. 3 8 5

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14083

Primary Registration District No. 3039

Registrar's No. 114

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Marceline (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: / (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: 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Linn 58
(c) City or town: Marceline (If outside city or town limits, write "RURAL") 2
(d) Street No.: 600 Wells St (If rural, give location) 1
0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Zella Ann Kintner
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: Lawrence Kintner
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: Jan (Month) 8 (Day) 1893 (Year)

8. AGE: Years 54 | Months 1 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace: Chariton Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ____
MOTHER FATHER
12. Name: Seamer Hall
13. Birthplace: Illinois (City, town, or county) (State or foreign country)
14. Maiden name: Easter Capps
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Lawrence Kintner
(b) Address: Marceline, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 7 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Eden Chapel
18. (a) Signature of funeral director: James M. Laughlin
(b) Address: Marceline, Mo
19. (a) 3-6-47 (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1947 hour 3 minute 3:30 P.M.
21. I hereby certify that I attended the deceased from 6-4-1944 to 3-4-1947; that I last saw her alive on Mar. 4 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Adenocarcinoma (of uterus) — Duration: 2 years
Due to: ____
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations: 48B
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: ____
23. Signature: John W. Adams (M. D. or other)
Address: Marceline Mo Date signed: 3/6/47

16 9

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

NOV 29 1948

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 Gilbert Keith Tillotson, Registered Apprentice No. 438, working under my personal supervision.

Signed Blanche M. Laughlin

Licensed Embalmer No. 1909

P. O. Address Marceline 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.