

FILED DEC 26 1947

Registration District No. **169**

Primary Registration District No. **5620**

Registrar's No. **186**

1. PLACE OF DEATH:

(a) County **Knox**
(b) City or town **Edina (rural) Liberty**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Gibson Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **One Hour.**
(Specify whether
In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Knox**
(c) City or town **Edina (rural)**
(If outside city or town limits, write "RURAL")
(d) Street No. **One Half Mile South of Edina.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Emmett Alva Kingsley**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Effie Hainline** 6. (c) Age of husband or wife if alive **59** years
7. Birth date of deceased **Feb - 2 - 1886**
(Month) (Day) (Year)

8. AGE: Years **61** Months **10** Days **11** If less than one day hr. min.

9. Birthplace **Knox County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farm Laborer.**

11. Industry or business

MOTHER FATHER
12. Name **Melvin Kingsley**
13. Birthplace **uk Penn.**
(City, town, or county) (State or foreign country)
14. Maiden name **Wandy Krieger**
15. Birthplace **Knox County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. C.A. Kingsley**
(b) Address **Edina, Missouri.**

17. (a) **Burial** (b) Date thereof **Dec-15-1947.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Linville, - Edina, Mo.**

18. (a) Signature of funeral director **Keith Hudson**

(b) Address **Edina, Mo.**

19. (a) **Dec-13-1947** (b) **Neil S. Humalt.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **13**
year **1947** hour **8:15** minute **PM**

21. I hereby certify that I attended the deceased from **Dec 11**
1947 to **Dec 13**, 19**47**
that I last saw him alive on **Dec 13**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **suicide** Duration **1 hr.**

Due to **shot gun wound of head**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **1640**

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) **suicide**
(b) Date of occurrence **Dec 13, 1947**
(c) Where did injury occur? **Edina, Knox Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? (Specify type of place) (e) - Means of injury **shotgun**

23. Signature **Neil S. Humalt** (M. D. or other)
Address **Edina, Mo** Date signed **12-13-47**

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

52
0

RECEIVED
District Health Officer No. 10
District File Number 12-47-1863
Date Filed DEC 23 1947

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 Keith Hudson
Licensed Embalmer No. 2415
P. O. Address Edina, Missouri

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.