. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 5 1948
Registration District No. 338

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3655
Primary Registration District No. 3073
Registrar's No. 5

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Chaffee
(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
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott 100
(c) City or town Chaffee /
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ /
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Mary Elizabeth Kynion
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 Widow 2
6. (b) Name of husband ~~or wife~~ Charles Kynion
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased June (Month) 10 (Day) 1867 (Year)

8. AGE: Years 80 Months 7 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Gordonville (City, town, or county) Mo (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER
12. Name Steve Scarket
13. Birthplace — (City, town, or county) Tenn / (State or foreign country)
MOTHER
14. Maiden name Agnes Hitt
15. Birthplace Gordonville (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Mrs Bertha Smith
(b) Address Chaffee Mo 211 Helen Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Near Arbor Mo
18. (a) Signature of funeral director Bisplinghoff Funeral Home
(b) Address Chaffee Mo
19. (a) 2/2/48 (Date received local registrar) (b) G B MacCready (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. Dec day 29
year 1948 hour 4 minute 35 P M.
21. I hereby certify that I attended the deceased from Dec 1944 to Jan 29 1948
that I last saw her alive on Dec 16 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Chr. Nephritis Arteriosclerosis Hemiplegia — 3 yr
Due to
Due to
Other conditions Myocarditis
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

1318

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 11
23. Signature [signature] (M. D. ~~[illegible]~~)
Address Chaffee Mo Date signed 1-30-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

JUL 29 1948

RECEIVED
District Health Office No. 2,
District File Number 248-175
Date Filed 2-3-48

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 Maurice Bardenschlag

Licensed Embalmer No. 3242

P. O. Address Chaffee 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.