

FILED AUG 30 1948
Registration District No. **2**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
2301 Garfield Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NO** (Specify whether)
In this community **70 Years** (years, months or days)

3. (a) PRINT FULL NAME **John J. Kinnen**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Anna M.** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **May 9th 1854**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
94 3 14 hr. min.

9. Birthplace **Trier Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Stationary Engineer**

11. Industry or business **Connett Brick Yards**

12. Name **John Kinnen**

13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Wurtz**

15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary & Barbara Kinnen**

(b) Address **2301 Garfield Ave.**

17. (a) **Burial** (b) Date thereof **8/26/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olivet Cemetery**

18. (a) Signature of funeral director **Hermann A. Adenfeldt**

(b) Address **1802 Union St. Joseph Mo.**

19. (a) **8-27-48** (b) **E. B. Jenkins**
(Date received local registrar) (Registrar's signature)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan** //
(c) City or town **St. Joseph** (If outside city or town limits, write "RURAL") //
(d) Street No. **2301 Garfield Ave.** 7 (If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **23** year **1948** hour **10** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Jan 15/48** to **Aug 23/48** that I last saw him alive on **Aug 22/48** and that death occurred on the date and hour stated above.

Immediate cause of death **General debility**
Due to **anemia and Bright's disease**
Due to **Senility**

Other conditions: **Senility**
(Include pregnancy within 3 months of death)

Major findings: **Senility**
Of operations: _____

Of autops: _____

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? _____ (c) Means of injury: _____

23. Signature **J. J. Thompson** (M. D. or _____)
Address **825 Charles St. Joseph, Mo.** Date signed **Aug 25/48**

MOTHER FATHER

PHYSICIAN

Underline the cause of which death should be charged statistically.

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 *Emmanuel Thomas*

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.