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FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics
FILED SEP 13 1948
Registration District No. 736

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26060
Registrar's No. 6

Primary Registration District No. 5498

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

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Hannibal Mo
(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
In this community all of life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Ollie Myrtle Kinder
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 Clifford H Kinder
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased April 22 1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 9
If less than one day hr. min.

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

10. Usual occupation housewife

MOTHER FATHER
11. Industry or business
12. Name Dick Coeliman
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Nettie Brock
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford H Kinder
(b) Address Eagleville Mo
17. (a) Burial (b) Date thereof 8 3 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lone Rock Cemetery

18. (a) Signature of funeral director Joe E. Wheeler
(b) Address
19. (a) 8-16-48 (b) Registrar's signature

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 1
year 1948 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from 7-25 1948 to 8-1 1948
that I last saw her alive on 8-1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas
Duration 6 mo.

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
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?

While at work? (Specify type of place) (Specify type of place)
(a) Means of injury
23. Signature James Lawe (M. D. or other)
Address Lamone Mo Date signed 8-2-48

DISTRICT HEALTH OFFICE
Emmett, Mo.

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.....

Joe E. Wheeler

Licensed Embalmer No.....

3512

P. O. Address.....

Botham, 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.