

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29586**

FILED OCT 13 1948

Registration District No. **37**

Primary Registration District No. **4214**

Registrar's No. **206**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Deepwater, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home--Deepwater, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT **William Paul Kneirum**
FULL NAME

3. (b) If veteran, _____
name war _____
3. (c) Social Security No. **492-18-2451**

4. Sex **Male** 0
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife If alive _____ years
7. Birth date of deceased **October 12 1867**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	11	19	hr. _____ min.

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

10. Usual occupation **Carpenter**

11. Industry or business _____
12. Name **John Kenirum**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Hudson**
15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Lydia Kenirum**
(b) Address **Deepwater, Mo.**

17. (a) **Burial** (b) Date thereof **Oct 3 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Valley Center Cemetery**

18. (a) Signature of funeral director **Sam H. Hurd**
(b) Address **Deepwater, Mo.**

19. (a) **10-4-48** (b) **R. R. Kenney**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**
(c) City or town **Deepwater**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **U. S. A.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **1st**
year **1948** hour **2** minute **20** A. M.

21. I hereby certify that I attended the deceased from **Sept**
September 28, 1948, to October 1, 1948
that I last saw him alive on **September 28, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to **Hypertrophy of liver.**
Anemia, Senility

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
9375

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) (e) Means of injury _____

23. Signature **A. C. P. Pinner** (M. D. or other) **Do**
Address **Deepwater, Mo** Date signed **10-2-48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 9-48-1158

Date Filed 10-11-48

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 Tom Hunt

Licensed Embalmer No. 2282

P. O. Address Deepwater 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.