

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

8833

FILED MAR 17 1949

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>94</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY, (in this place) <u>7</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>515 PEARL</u>				d. STREET ADDRESS (If rural, give location) <u>515 PEARL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u> b. (Middle) <u>K</u> c. (Last) <u>KIENZLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-25-49</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>4-10-1890</u>	9. AGE (In years last birthday) <u>59</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Deliveryman-Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Package Delivery</u>	11. BIRTHPLACE (State or foreign country) <u>Collinsville, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>FRED F. KIENZLE</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA ERNST</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <u>493-16-0895</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dollie Smith</u>				ADDRESS <u>2722 Rolla, Joplin</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <i>Emergency - Accidents</i> <i>1/201</i>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Bruce Maguire, Jr. (Acting Coroner)</u> (Degree or title)				23b. ADDRESS <u>Joplin, Mo.</u>		23c. DATE SIGNED <u>2/28/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Searcy, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>3-5-49</u>	REGISTRAR'S SIGNATURE <u>Edd James</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PARKER-HUNSAKER MORTUARY, JOPLIN, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

*My Dearest Son*

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

49  
2  
5

MAR 18 1949

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.....

Student Embalmer No. ....

working under my personal supervision.

Signed F. M. Jones

Signed .....  
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.