

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41427**

BIRTHDAY **JAN 5 1950** REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5572** Registrar's No. **198**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Prairie</b> ) c. LENGTH OF STAY (in this place) <b>8 days</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson County Hospital</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b> d. STREET ADDRESS (If rural, give location) <b>318 W. Sea</b>	
3. NAME OF DECEASED a. (First) <b>Maurine</b> (Type or Print)		b. (Middle)	c. (Last) <b>Kinnaman</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 19, 1949</b>		5. SEX <b>female</b>	
6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>July 14, 1900</b>	9. AGE (In years last birthday) <b>49</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Practical Nurse</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Lafayette Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>James E. West</b>		13b. MOTHER'S MAIDEN NAME <b>Florence McDowell</b>	14. NAME OF HUSBAND OR WIFE <b>Geo. Kinnaman (deceased)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Elmo West, Independence, Mo.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b> ANTECEDENT CAUSES <b>Diabetes Mellitus</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Chronic nephritis</b> DUE TO (b) <b>Total blindness</b> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hrs.</b> <b>yes.</b> <b>no.</b> <b>yes.</b>
19a. DATE OF OPERATION <b>none</b>	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) <b>260X</b>	
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 <b>12-10-1949</b> to <b>12-19, 1949</b> , that I last saw the deceased alive on <b>12-19, 1949</b> and that death occurred at <b>11:30 p.m.</b> ; from the causes and on the date stated above.			
23a. SIGNATURE <b>Frank E. Trehan</b> (Degree or title)		23b. ADDRESS <b>Independence Mo.</b>	23c. DATE SIGNED <b>12-20-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>Dec. 22, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>mt. Tabor</b>	24d. LOCATION (City, town, or county) (State) <b>Odessa, Mo.</b>
DATE REC'D BY LOCAL REG. <b>DEC. 22, 1949</b>	REGISTRAR'S SIGNATURE <b>Donald C. Emswiler</b>	378	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. G. Carson Independence, Mo.</b>

JAN 33 1950

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.

Student .....  
Student Embalmer

Signed

*R. L. Lisle*

Licensed Embalmer No.

*423*

P. O. Address

*Independence, 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.