

FILED SEP 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. 307724

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Jackso n			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Johnson		
b. CITY (If outside corporate limits, write BURNS and give OR TOWN Rural, Jackson County transit)		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stilwell Kansas 8150		d. STREET ADDRESS (If rural, give location) Rural Route 8
d. FULL NAME OF HOSPITAL OR INSTITUTION: 139th & 71 Highway					
3. NAME OF DECEASED (Type or Print) Mr Alva LeRoy KINNISON			4. DATE OF DEATH (Month) (Day) (Year) 9-19-50		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-25-1897	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Foreman		10b. KIND OF BUSINESS OR INDUSTRY Dr Dennies Farm	11. BIRTHPLACE (State or foreign country) Mt Moriah Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wesley Kinnison		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Fannie Grace Kinnison		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Fannie Grace Kinnison Stilwell KAS			
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Third Degree Burns Enteric ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) body DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2516^h 26
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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Streets	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 139th 71 Highway Jackson MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-19-50-4:00P. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR Auto Collision DMV			
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 (Degree or title) Theresa A. Connor			23b. ADDRESS 1038 Parkside Blvd		23c. DATE SIGNED 9-20-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-21-50	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Balton Missouri		
DATE REC'D BY LOCAL REG. 9/29/50	REGISTRAR'S SIGNATURE Dr. Annie G. Hodges	25. FUNERAL DIRECTOR'S SIGNATURE France-Wornall Funeral Home	ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 26 RECD

09617100
OCT 17 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Russell T France

Licensed Embalmer No. 4255

P. O. Address K.C. 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.