

FILED APR 12 1944

State File No. _____

Registrar's No. 55

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry (b) City or town Clinton
(c) Name of hospital or institution 1600 E Green St
(d) Length of stay: In hospital or institution 25 years
In this community 25 years

3. (a) PRINT FULL NAME John E. Kinyon
3. (b) If veteran, name war _____ 3. (c) Social Security, No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Anna F. Kinyon 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Feb 29 1873

8. AGE: Years 71 Months 0 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Galesburg Ill

10. Usual occupation mechanic

11. Industry or business _____

MOTHER FATHER { 12. Name John E. Kinyon
13. Birthplace Ill
14. Maiden name Don't know
15. Birthplace Don't know

16. (a) Informant Harold J. Kinyon
(b) Address Clinton Mo
17. (a) burial (b) Date thereof Mar 10 - 44
(c) Place: burial or cremation Englewood
18. (a) Signature of funeral director Consuelo + Beat
(b) Address Clinton
19. (a) March 11, 1944 (b) Georgia Fitcher

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Clinton mo
(d) Street No. 600 E Green St
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 10
year 1944 hour 3 minute A.M.
21. I hereby certify that I attended the deceased from 3-10 to _____

that I last saw him alive Some time ago and that death occurred on the date and hour stated above.

Immediate cause of death Salmomart Edence

Due to Cause unknown

Due to (Over)

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

Major findings: None
Of operations: None
Of autopsy: None

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____
Signature E. C. Gellor
Address Clinton Mo Date signed 3/11/44

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

This man died before I saw him.
I had not been treating him. Diagnosis
from his appearance and description
of his death by the woman who
attended him

E. C. Taylor

RECEIVED
District Health Officer No. 7
District File Number 3-44-471
Date Filed 4-11-44

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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 J. E. Consalvi
Licensed Embalmer No. 189

P. O. Address Clinton, 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.