

Registration District No. 221

Primary Registration District No. 5793

Registrar's No. 24

1. PLACE OF DEATH:

(a) County MONITEAU
(b) City or town RURAL LINN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU
(c) City or town RURAL LINN 68
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____ 0

3. (a) PRINT FULL NAME FRANK KINGERY

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 SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8-6-1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 0 23 hr. min.

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

10. Usual occupation RAYMING

11. Industry or business _____

MOTHER FATHER { 12. Name ANDREW KINGERY
13. Birthplace MISSOURI (City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH GRINN
15. Birthplace TENNESSEE (City, town, or county) (State or foreign country)

16. (a) Informant J. M. Penfrow

(b) Address Woodridge
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-1948 (Month) (Day) (Year)

(c) Place: burial or cremation COPPS CHAPPEL

18. (a) Signature of funeral director C. ALBERT HORNBECK

(b) Address PAULIE HOME MO

19. (a) 9-3-1948 (Date received local registrar) (b) Opela M. Snow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 29 year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 13 1948 to 29 1948 that I last saw him on 9-13 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chromosomes
15 chromosomes missing
Heart

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

Major findings: Of operations _____ Of autopsy _____

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 C. R. Wendt (Physician) Date signed 9/31/48
Address Paulie Home

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SEP 16 1948

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.....

14-0221

....., Registered Apprentice No.....

working under my personal supervision.

Signed *G. Albert Hornbeck*

Licensed Embalmer No. *2714*

P. O. Address *Praine Home 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.