

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

23498  
Do not use this space.

JUL 19 1939

**1. PLACE OF DEATH**

(a) County Warren Registration District No. 881  
 (b) Township Camp Branch Primary Registration District No. 6175  
 (c) City Truxton (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Thomas J. Kinion

(a) Residence, No. Truxton, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda E. Leason Kinion

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
41 2 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Truxton, Mo.

FATHER 13. NAME James Kinion

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln, County, Mo.

MOTHER 15. MAIDEN NAME Sarah Monroe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County, Mo.

17. INFORMANT (ADDRESS) Mrs. Amanda E. Kinion  
Truxton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Truxton, Mo. DATE June 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. Arnold Jr.  
Mexico, Missouri

20. FILED June 7, 1939 A. W. Ebeling  
Local Registrar.

per Fred. H. Vahle (Licensed Embalmer's Statement on Reverse Side)

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5<sup>th</sup>, 1939

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Drowning. Accidental  
the 5<sup>th</sup> of July, 1939

Date of onset

Other contributory causes of importance:  
Respiratory deficiency  
due to Epilepsy

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury June 6, 1939  
 Where did injury occur? Warren Co.  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Drowning  
 Nature of injury Accidental Drowning

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) F. H. Amberg Coroner, D.C.  
 (Address) Warrenton Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X1695

**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.....

*Chris Arnold*  
....., Registered Apprentice No.  
working under my personal supervision.

Signed.....

*Chris Arnold*  
.....  
Licensed Embalmer No. *3569*

P. O. Address *Myico, 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, above space should be left blank.**