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X26390

FILED AUG 29 1941
Registration District No. 31

Primary Registration District No. 6092

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

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbyville-Rural

(c) Name of hospital or institution Black Creek Twp
(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 Mo (b) County Shelby

(c) City or town Shelbyville, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hannibal Columbus Kinget

(b) If veteran, name war ✓

(c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1941 hour 4:00 minute p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased Aug 5-1894
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Struck by Lightning Duration ✓

Due to _____

Verdict of coroner's jury _____

Due to _____

8. AGE: Years 46 Months 11 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

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

Major findings: Of operations 10-8

Of autopsy no

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Hannibal Kinget

13. Birthplace Ill. (City, town, or county) (State or foreign country)

14. Maiden name Caroline Browning

15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Jarrell

(b) Address Shelbyville, Mo.

17. (a) Burial (b) Date thereof July 27-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King Cemetery

18. (a) Signature of funeral director E. P. Thompson

(b) Address Shelbyville, Mo.

19. (a) July 26-41 (b) Pearl Goe
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 25-1941

(c) Where did injury occur? Shelby Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm (Specify type of place)

While at work? yes (e) Means of injury Coroner

23. Signature E. P. Thompson (M. D. or other) _____

Address Shelbyville, Mo. Date signed July 26-1941

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RECEIVED

District Health Officer No. 10

District File Number 8-41-1557

Date Filed AUG 20 1941

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

E. P. Thompson

Licensed Embalmer No. 1632

P. O. Address Shelbyville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.