

FILED DEC 8 1944 37

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution 18 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME LIZA KINYUN

3. (b) If veteran, name war: ..... 3. (c) Social Security No. None

4. Sex female 5. Color or race colored 6. (a) Single, widowed, married, divorced widowed  
(b) Name of husband or wife John Burns 6. (c) Age of husband or wife if alive died years  
7. Birth date of deceased Dec. 13. 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 10 19 hr. min.

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

10. Usual occupation House Wife

11. Industry or business

12. Name Peter Sweets  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Wiggins

(b) Address 804 N. Washington St

17. (a) Burial Clinton Nov. 5, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Summit Hill

18. (a) Signature of funeral director W. J. Wilcox

(b) Address Warrensburg Mo

19. (a) November 3, 1944 Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51  
(c) City or town Warrensburg 2  
(If outside city or town limits, write "RURAL.") 2  
(d) Street No. 131 N 7th  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2  
year 1944 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from Oct 15, 1944 to Oct 30, 1944  
that I last saw her alive on Oct 30, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypostatic Pneumonia 3 days

Due to .....

Due to .....

Other conditions Cancer of uterus 1 year  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 4 of 5  
Of autopsy .....

Underline the cause to which death should be charged statistically.

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 W. J. Wilcox

23. Signature W. J. Wilcox (M. D. or other)  
Address Clinton Mo Date signed 11/5/44

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

RECEIVED

Embalmer No. 7,

Embalmer No. 11-44-1354

Date Filed 12-7-44

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 *myself*

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Samuel M. Hines*

Licensed Embalmer No. 3557

P. O. Address *Waverly, 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.