RECORD OF DEATHS, No. 5, LUCAS COUNTY, IOWA

Form 2014

1. Place of Death
a. County: Lucas
b. City or Town: Chariton
Township:
c. Length of Stay: 3 yrs.
d. Full name of Hosp. or Inst.: Memorial Hospital
2. Usual Residence
a. State: Iowa
b. County: Lucas
c. City or Town: Chariton
Township:
d. Street Address: 311 N. 6th St.
3. Name of Deceased: GEORGE B. KINSEY
4. Date of Death: May 1, 1962
5. Sex: Male
6. Color or Race: White
7. Marital Status: Widowed
8. Date of Birth: 6-1-1890
9. Age last Birthday: 71
10a. Usual Occupation: Guard, retired
b. Kind of Business: Grain Elevator

11. Birthplace: Unknown
12. Citizen of what country?: U.S.A.
13. Father's Name: Unknown
14. Mother's Maiden Name: Unknown
15. Ever in U. S. Armed Service? Give War or Dates of Service: No
16. Social Security No.: 485-26-0257
17. Informant's Name: George H. Kinsey
18. Cause of Death: Cerebral Thrombosis; Arteriosclerosis
23a. Attendant's Name: Thomas C. White
Title: M.D.
23b. Attendant's Address: Chariton, Iowa
23c. Date Signed: May 3, 1962

24a. Burial, Cremation, Removal: Burial
24b. Date: 5-3-1962
24c. Name of Cemetery or Crematory: Newbern Cemetery
24d. Location (City, Town or Co.) State: Newbern, Iowa
25. Funeral Director's Name: Keith Fielding
Address: Chariton
License No.: 30
26. Date Rec'd by Local Reg.: 5-5-1962
Registrar's Name: Estella R. Marshall
File No.: 59-49
27. Date Reg. by Co. Reg.: May 5, 1962
28. Name of County Reg.: Bertha E. Blanchard

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1. Place of Death
a. County: Lucas
b. City or Town: Chariton
Township:
c. Length of Stay: 16 yrs.
d. Full name of Hosp. or Inst.: ~~Lucas County Memorial Hospx~~
2. Usual Residence
a. State: Iowa
b. County: Lucas
c. City or Town: Chariton
Township:
d. Street Address: R. R. #3
3. Name of Deceased: DAVID GERALD KLINE
4. Date of Death: April 15, 1962
5. Sex: Male
6. Color or Race: White
7. Marital Status: Never Married
8. Date of Birth: Nov. 1, 1942
9. Age last Birthday: 19
10a. Usual Occupation: Farmer (laborer)
b. Kind of Business: Agriculture

11. Birthplace: Moline, Illinois
12. Citizen of what country?: U.S.A.
13. Father's Name: Louis Kline
14. Mother's Maiden Name: Elaine Paulson
15. Ever in U. S. Armed Service? Give War or Dates of Service: No
16. Social Security No.: None
17. Informant's Name: Mrs. Louis G. Kline
18. Cause of Death: Suicide, strangulation
23a. Attendant's Name: Medical Examiner
Title: M.D.
23b. Attendant's Address: Dean Curtis
23c. Date Signed: Chariton, Iowa
April 16, 1962

24a. Burial, Cremation, Removal: Burial
24b. Date: 4/18/1962
24c. Name of Cemetery or Crematory: Coal Glen
24d. Location (City, Town or Co.) State: Chariton, Iowa
25. Funeral Director's Name: John F. Miley
Address: Chariton, Iowa
License No.: 342
26. Date Rec'd by Local Reg.: 4-17-1962
Registrar's Name: Estella R. Marshall
File No.: 59-41
27. Date Reg. by Co. Reg.: May 5, 1962
28. Name of County Reg.: Bertha E. Blanchard

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1. Place of Death
a. County: Lucas
b. City or Town: Chariton
Township:
c. Length of Stay: 1 mo.
d. Full name of Hosp. or Inst.: Yocom Hospital
2. Usual Residence
a. State: Iowa
b. County: Lucas
c. City or Town: Chariton
Township:
d. Street Address: 1413 Roland
3. Name of Deceased: ANNA NATHALIE LARSON
4. Date of Death: 4-17-1962
5. Sex: Female
6. Color or Race: White
7. Marital Status: Never Married
8. Date of Birth: 4-6-1896
9. Age last Birthday: 66
10a. Usual Occupation: Housewife
b. Kind of Business: Own Home

11. Birthplace: Iowa
12. Citizen of what country?: U.S.A.
13. Father's Name: G. N. Larson
14. Mother's Maiden Name: Emma Englund
15. Ever in U. S. Armed Service? Give War or Dates of Service: No
16. Social Security No.: None
17. Informant's Name: J. Edwin Larson
18. Cause of Death: Carcinoma of colon
23a. Attendant's Name: A. L. Yocom
Title: M.D.
23b. Attendant's Address: Chariton, Iowa
23c. Date Signed: April 18, 1962

24a. Burial, Cremation, Removal: Burial
24b. Date: 4-20-1962
24c. Name of Cemetery or Crematory: Chariton
24d. Location (City, Town or Co.) State: Chariton, Iowa
25. Funeral Director's Name: Keith Fielding
Address: Chariton, Iowa
License No.: 30
26. Date Rec'd by Local Reg.: May 4, 1962
Registrar's Name: Estella R. Marshall
File No.: 59-42
27. Date Reg. by Co. Reg.: May 5, 1962
28. Name of County Reg.: Bertha E. Blanchard

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1. Place of Death
a. County: Lucas
b. City or Town: Chariton
Township:
c. Length of Stay: 3 yrs.
d. Full name of Hosp. or Inst.: Baker Nursing Home
2. Usual Residence
a. State: Iowa
b. County: Lucas
c. City or Town: Chariton
Township:
d. Street Address: 210 So. M
3. Name of Deceased: FLORA WILLIAMS
4. Date of Death: April 17, 1962
5. Sex
6. Color or Race
7. Marital Status

11. Birthplace: Iowa
12. Citizen of what country?: U.S.A.
13. Father's Name: Charles Blanchard
14. Mother's Maiden Name: Mary Mathers
15. Ever in U. S. Armed Service? Give War or Dates of Service: No
16. Social Security No.: None
17. Informant's Name: N. W. Williams
18. Cause of Death: Ventricular fibrillation; Old age
23a. Attendant's Name
Title

24a. Burial, Cremation, Removal: Burial
24b. Date: 4-19-62
24c. Name of Cemetery or Crematory: Chariton
24d. Location (City, Town or Co.) State: Chariton, Iowa
25. Funeral Director's Name: Keith Fielding
Address: Chariton, Iowa
License No.: 30
26. Date Rec'd by Local Reg.: May 4, 1962
Registrar's Name: Estella R. Marshall
File No.: 59-43
27. Date Reg. by Co. Reg.

NOT FOR LEGAL PURPOSES ONLY