

AUG 12 1939

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

26459

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jennett  
(b) Township Little Prairie  
(c) City

Registration District No. 661  
Primary Registration District No. 6862

Registered No. 66

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. 360 Mary Elizabeth Kidwell St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert B. Kidwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
84 2 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
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) 9/30/38  
11. Total time (years) spent in this occupation. ✓

12. BIRTHPLACE (CITY OR TOWN) near Anxwasse (STATE OR COUNTRY) Missouri

13. NAME David Stevens

14. BIRTHPLACE (CITY OR TOWN) Fulton (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Susan Fisher

16. BIRTHPLACE (CITY OR TOWN) Fulton (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Albert Kidwell  
Caruthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burpasse, Mo. DATE 7/16/39

19. FUNERAL DIRECTOR (NAME) La Forge & Co. (ADDRESS) Caruthersville, Mo.

20. FILED July 5, 1939 Ada Martin Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939 to July 4, 1939. I last saw her alive on July 1, 1939. Death is said to have occurred on the date stated above, at 9:30 m. The principal cause of death and related causes of importance were as follows:

arteriosclerosis  
chronic myocarditis  
hypertension  
Other contributory causes of importance: old heart

Name of operation none Date of no  
What test confirmed diagnosis none Was there an autopsy no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no  
Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no  
(Signed) Ada Martin, M. D.  
585 (Address) Caruthersville, Mo.

RECEIVED

District Health Officer No. 3,

District File Number 839-46

Date Filed 8/7/39

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**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 J. W. Schuman

Licensed Embalmer No. 4086

P. O. Address Courtsville, 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.**