

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

OCT 10 1939

33179

Do not use this space.

1. PLACE OF DEATH

(a) County Perisot Registration District No. 655
 (b) Township Virginia Primary Registration District No. 5872
 (c) City or Town Virginia (d) Street No. _____ Registered No. _____
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Freddie Lee Kuykendall

(a) Residence, No. _____ 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 F	4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Inf
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---- Inf		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 23 39		
7. AGE	YEARS	MONTHS
	5	18
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	---
	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) Steele, Mo (STATE OR COUNTRY)		
FATHER	13. NAME Jim Kuykendall	
	14. BIRTHPLACE (CITY OR TOWN) Charleston, Miss (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME Hattie Lee	
	16. BIRTHPLACE (CITY OR TOWN) Charleston, Miss (STATE OR COUNTRY)	
17. INFORMANT Jim Kuykendall (ADDRESS) Steele, Mo		
18. BURIAL, CREMATION, OR REMOVAL PLACE Holly Grove DATE 9--11-- 19 39		
19. FUNERAL DIRECTOR (NAME) German Undt Co (ADDRESS) Steele, Mo		
20. FILED Oct 15 1939 D. S. Robinson Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9--10--** 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **9-10** 19**39**, to **9-10** 19**39**
 I last saw him alive on **Sept-10** 19**39**. Death is said to have occurred on the date stated above, at **2:30** p.m.
 The principal cause of death and related causes of importance were as follows:
acute myocardial
 Date of onset

Other contributory causes of importance:

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? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) **J. Chapman**, M. D.
Steele Mo (Address)

RECEIVED

District Health Officer No. 3.

District File Number 1039-60

Date Filed 10/9/39

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.....

Licensed Embalmer No.....

P. O. Address.....

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.