DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 10 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42689

Registration District No. 40 | Primary Registration District No. 4024 | Registrar's No. 50

1. PLACE OF DEATH: 2

(a) County Barton

(b) City or town Lamar (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)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 70 yrs

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Barton

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

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Jane Kite 3A-0

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John.W.Kite

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

7. Birth date of deceased Sept 7th, 1857 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
82	3	13	hr. min.

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

10. Usual occupation Housewife 1

11. Industry or business

FATHER
12. Name ✓ 9
13. Birthplace ✓ (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ✓ 1
15. Birthplace ✓ (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Opal Rector

(b) Address Lamar, MO.

17. (a) Burail (Burial, cremation, or removal) (b) Date thereof Dec 21st, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Newport Cemetery

18. (a) Signature of funeral director River Funeral Home

(b) Address Lamar, MO. 40

19. (a) Dec. 20-1939 (Date received local registrar) (b) Mrs. Josephine Mynatt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20 year 1939 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Dec. 10, 1939, to Dec. 20, 1939 that I last saw her alive on Dec. 19, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneumonia	5 days
Due to Influenza	11 days
Due to 11	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. E. Duckett (M. D. or other) 1

Address Lamar, Mo. Date signed 12/20/39

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 6,
District File Number 140-97
Date Filed JAN 9 1940

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. 3141

P. O. Address Lamar, MO.

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

If this body is not embalmed, above space should be left blank.