

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

2491
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 335
 (b) Township Bellevue Primary Registration District No. 5469 Registered No. 3
 or
 (c) City _____ (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martha Ellen Kinder
 (a) Residence, No. Harrison Co., Mo. 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 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 Peter J. Kinder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 3

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) (STATE OR COUNTRY) Harrison Co., Missouri

FATHER

13. NAME William Tull

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Elizabeth Mattie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) W. G. Richardson
Edgerton Kansas

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Stone Rock Harrison Co., Mo. DATE 1-19-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rollin S. White
Lamoni Iowa

20. FILED Jan 29, 1940 Mrs. M. C. Bowles
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1940

22. I HEREBY CERTIFY That I attended deceased from 1-12, 1940 to 1-15, 1940
 I last saw her alive on 1-15, 1940 Death is said to have occurred on the date stated above, at 4:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia Date of onset 1-15-40

Other contributory causes of importance: Senility

Name of operation None Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) James _____, M. D.
Lamoni Iowa
 915 (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X18605

RECEIVED
District Health Officer No. 11,
District File Number 240-71
Date Filed FEB 8 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.....

Robin S. White

Licensed Embalmer No..... 2895

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.