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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Mississippi
 (a) County Mississippi
 (b) City or town Rural - Tywappity township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
County Poor Farm 3 mi. W. of Charleston
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 months
3 (Specify whether
 In this community not known
 years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Mississippi
 (c) City or town Rural - Tywappity township
 (If outside city or town limits write "RURAL")
 (d) Street No. Co. Poor Farm W. of Charleston
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Edward Kidd
 (b) If veteran, name war X X X (c) Social Security No. X X X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 13th.
 year 1940 hour 6 minute A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife X X X 6. (c) Age of husband or wife if alive X X years
 7. Birth date of deceased not known
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
About- 60. 0 0 _____ hr. _____ min.

Immediate cause of death Lobar Pneumonia
 Due to Following Influenza

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

Due to _____
 Other conditions (Include pregnancy within 3 months of death) HW

10. Usual occupation not known

11. Industry or business not known

MOTHER FATHER { 12. Name unknown
 13. Birthplace unknown unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown unknown
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____

16. (a) Informant R.H. Bush
 (b) Address Charleston, Mo.

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof 3-13-40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Charleston, Mo.

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? _____

18. (a) Signature of funeral director J. D. ...
Charleston, Mo.
 (b) Address _____

(Specify type of place)
 While at work? _____ (f) Means of injury _____

19. (a) 3-14-40 (b) J. D. ... 745
 (Date received local registrar) (Registrar's signature)

23. Signature Frank ... (M. D. or other) _____
 Address Charleston Mo Date signed _____

RECEIVED

District Health Officer No. 2

District File Number 440-854

Date Filed 4/4/40

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.