

25633

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 5

Registration District No. \_\_\_\_\_

Primary Registration District No. 6276

Registrar's No. 1040

1. PLACE OF DEATH:

(a) County Maries  
(b) City or town Rural Dry Creek  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Miller  
Dry Creek Township  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 52 Years years.

3. (a) PRINT FULL NAME Anne Walker Kidd 301

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Kidd 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased May 10 1858  
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name David Baxter

13. Birthplace Kirkcaldy Scotland  
(City, town, or county) (State or foreign country)

14. Maiden name Love Cuthbertson  
15. Birthplace Scotland  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Baxter

(b) Address Dixon, Mo.

17. (a) Springfield (b) Date thereof July 30, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address 7-31 Dixon, Mo.

19. (a) \_\_\_\_\_ (b) C.W. Jackson  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

1940

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28  
year 1940 hour \_\_\_\_\_ minute 10 P.M.

21. I hereby certify that I attended the deceased from May 24, 1939, to July 15, 1940  
that I last saw her alive on July 28, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetis Mellitus

Due to \_\_\_\_\_

Due to 5 M

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. K.W. Meigs (M.D. or other) D.S.

Address Dixon Date signed 7/28

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.

**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.....

July 28, 1940.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Fred D. Gilbert*

..... Licensed Embalmer No. 2341.....

..... P. O. Address Dixon, 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.**