

No. 2  
13-40  
17-39  
X23159

*Mitchell*  
State File No. 32792  
Registrar's No. 283

FILED OCT 12 1940  
Registration District No. 3032

Primary Registration District No. 3032

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town Sedalia  
(c) Name of hospital or institution: Bohannell Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Pettis  
(c) City or town Sedalia  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Harry Eugene Kinder  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept 4 day 1940  
year \_\_\_\_\_ hour 10:30 minute 30 P. M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Sept 3 1940  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 3-4  
1940, Sept 4, 1940  
that I last saw him alive on Sept 4, 40, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Hemorrhage  
Due to Birth Injury  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 160 lbs

9. Birthplace Sedalia (City, town, or county) \_\_\_\_\_ (State or foreign country) \_\_\_\_\_  
10. Usual occupation \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name Harry Kinder  
13. Birthplace Medic Co Mo  
14. Maiden name Anetta Wright  
15. Birthplace Newton Co 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? ---  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ---

16. (a) Informant Harry Kinder  
(b) Address Sedalia  
17. (a) Burial (b) Date thereof Sept 5, 1940  
(c) Place: burial or cremation Lamonte Mo

23. Signature J. Mitchell (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed Sept 5

18. (a) Signature of funeral director McLaughlin Bros  
(b) Address Sedalia  
19. (a) 9/07/40 (b) Mrs. Harry Sneed  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

40

3708

10-17-01

10-17-01

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 10-17-01

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia 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, fact should be so stated above.