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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 18 1940
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33309

State File No. _____
Registrar's No. 41

Registration District No. _____ Primary Registration District No. 6078A

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Rural Liberty
(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 20
In this community _____
years, months or days

3. (a) PRINT FULL NAME Othel EDWARD KINDER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 21 1909
(Month) (Day) (Year)

8. AGE: Years 30 Months 9 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Wayne Co (City, town, or county) (State or foreign country) 0

10. Usual occupation mechanic - (auto) 0

11. Industry or business Repair garage 0

12. Name Henry W Kinder

13. Birthplace Wayne Co (City, town, or county) (State or foreign country) 0

14. Maiden name Nellie J White

15. Birthplace Wayne Co MO (City, town, or county) (State or foreign country) 0

16. (a) Informant Henry W Kinder

(b) Address Poplar St 2, MO

17. (a) Burial (b) Date thereof Sept 16 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bernice MO

18. (a) Signature of funeral director Duncan Funeral Home
(b) Address Bernice MO
19. (a) 9-30 (b) Laura Hopkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County New Madrid
(c) City or town Rural
(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.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 15
year 1940 hour 12 minute 30 P. M.
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.

Immediate cause of death Accident - airplane
crash
Due to Burned
Due to Wing fell off
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy No.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 9/15/40
(c) Where did injury occur? Bernice Stoddard MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
803
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature John Wilson (M. D. or other) _____
Address 13 Lombard St Date signed 9/16/40

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

RECEIVED

District Health Officer No. 2,

District File Number 1040-152

Date Filed 10/7/40

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 Juan B. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.