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FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2223

Registration District No. 183

Primary Registration District No. 5254

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Rural Porter
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Nixa, Mo. R#1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 yrs.
(Specify whether years, months or days)

In this community 36 yrs.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Henderson Kidwell

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Elizabeth Kidwell 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Jan 25, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>		<u>7</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Clyde Kerr

(b) Address Billings Mo. R#1

17. (a) burial (b) Date thereof Feb. 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frazier Chapel

18. (a) Signature of funeral director J.W. Maples

(b) Address Clever, Mo.

19. (a) Feb. 5, 1941 (b) Eda B. Howard
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 22

(a) State Mo. (b) County Christian

(c) City or town rural
(If outside city or town limits, write "RURAL")

(d) Street No. Nixa, R#1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2nd
year 1941 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov. 4
1940, to Feb 2nd, 1941;
that I last saw him alive on Jan 27, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate 7-Mo

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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 Lettie B. Webb (M. D. or other) 1

Address Springfield Mo. Date signed 2-4-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 241-300

Date Filed FEB 12 1941

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

J.W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.