S. No. 2
4-13-40
5-17-39
PI X23159

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3469

Registration District No. 566 | Primary Registration District No. 3762 | Registrar's No. 8

7 0 0

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

1. PLACE OF DEATH:
(a) County: Mississippi
(b) City or town: Charleston - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R#2 Insanity Ward
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 67
(a) State: Missouri (b) County: Mississippi
(c) City or town: Charleston - Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: R#2 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: JAMES KUYKENDALL
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mable Kuykendall
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: May (Month) 28 (Day) 1879 (Year)

8. AGE: Years 61 | Months 7 | Days 19 | If less than one day hr. min.

9. Birthplace: Water Valley (City, town, or county) Miss (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Farming

FATHER
12. Name: Sam Kuykendall
13. Birthplace: Water Valley (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name: Patsy Hopkins
15. Birthplace: Water Valley (City, town, or county) Miss (State or foreign country)

16. (a) Informant: Virdie Reed
(b) Address: R#2 Charleston, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove - Charleston
18. (a) Signature of funeral director: Lois Nunnelee Mo
(b) Address: Charleston, Mo
19. (a) 1-20-41 (Date received local registrar) (b) X Stamm (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th year 1941 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 15-41, 19, to Jan 17-41, 19; that I last saw him alive on Jan 15-41, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	
Due to: Influenza & Similar	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations	
Of autopsy	

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

23. Signature: Frank L Vorman (M. D. or other) 1-20-41
Address: Charleston Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 241-174
Date Filed 2/27/41

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 wit the above constitutes grounds for revocation of license.)

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