

MAR 14 1941
Registration District No. _____

Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape Girardeau, Mo

(b) City or town Cape Girardeau, Mo

(c) Name of hospital or institution: St. Francis Hospital
(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 Mo. (b) County 103

(c) City or town Camdenton, Mo. 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Odis Leon Kinder

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3
year 41 hour _____ minute _____ M.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
alive _____ years
7. Birth date of deceased: Jan. 24 - 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-2 1941 to 2-3 1941
that I last saw him alive on 2-2 1941
and that death occurred on the date and hour stated above.

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

9. Birthplace Camdenton, Mo. 0
(City, town, or county) (State or foreign country)

Immediate cause of death: PROSTRO- ENTERING TR

Duration _____

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Oscar Kinder

13. Birthplace White Water, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gerry

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

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Oscar Kinder

(b) Address Camdenton, Mo.

17. (a) Burial (b) Date thereof Feb. 4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Oscar Kinder

(b) Address Camdenton, Mo.

19. (a) 2-3-41 (b) Jim Thompson
(Date received local registrar) (Registrar's signature)

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? 1-21

(e) While at work? _____ (Specify type of place)

(e) Means of injury 119 in

23. Signature Cap Perrebean (M. D. or other) 119 in
Date signed 2/3/41

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

11
1
4

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 with the above constitutes grounds for revocation of license.)

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