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FILED MAY 16 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 13584  
Registrar's No. 1565

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County JACKSON  
(b) City or town KANSAS CITY  
(c) Name of hospital or institution 1517 HARDESTY  
(d) Length of stay: In hospital or institution 45 YEARS  
In this community 45 YEARS

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(d) Street No. 1517 HARDESTY  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MYRTLE KIDDER  
3. (b) If veteran, name war NO  
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month APRIL day 19  
year 1941 hour 1 minute 35 P.M.

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife ARTHUR KIDDER  
6. (c) Age of husband or wife if alive 5 years  
7. Birth date of deceased MARCH 5 1882

21. I hereby certify that I attended the deceased from 1941, 1941;  
that I last saw him alive on 1941, 1941;  
and that death occurred on the date and hour stated above.  
Immediate cause of death Pneumonia Duration

8. AGE: Years 59 Months 1 Days 14  
If less than one day hr. min.

Due to Pneumonia  
Due to 10/1

9. Birthplace Tennessee  
10. Usual occupation AT HOME

Other conditions 107  
Major findings: Of operations 107

11. Industry or business  
12. Name EVERT SELLERS  
13. Birthplace ENGLAND  
14. Maiden name MARY FRANCES SELLERS  
15. Birthplace ENGLAND

Of autopsy Yes  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. ZELMA NICHOLS  
(b) Address 3312 MICHIGAN K.C. MO  
17. (a) REMOVAL (b) Date thereof 4-20-41  
(c) Place: burial or cremation JOPLIN MO  
18. (a) Signature of funeral director J.P. LOUIS FUNERAL HOME  
(b) Address 3400 WOODLAND K.C. MO  
19. (a) Apr 20 1941 (b) M. M. Grown

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?  
While at work (Specify type of place) (e) Means of injury  
23. Signature [Signature] (M. D. or other)  
Address K.C. Mo. Date signed

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

MOTHER FATHER

**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.....

*MYSELF*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Bert Legan*

Licensed Embalmer No. *3979*

P. O. Address *Kansas City*

**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.**