

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MICH. AUG 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26481

State File No. _____

Registration District No. 903

Primary Registration District No. 4545

Registrar's No. _____

1. PLACE OF DEATH:

(a) County North
(b) City or town Grant city
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 North
(c) City or town Grant city
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT

FULL NAME MILLIE MYRTLE KIDNEY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Harrison H. Kidney 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 12 1890
(Month) (Day) (Year)

8. AGE: Years 51 Months 5 Days 0 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name J. W. Poe

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

14. Maiden name Victoria King

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

16. (a) Informant Harrison H. Kidney

(b) Address Grant city, Mo.

17. (a) Burial (b) Date thereof June 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Cemetery

18. (a) Signature of funeral director Arch C. Duffer

(b) Address Grant city, Mo.

19. (a) July 19, 1941 (b) Chifford Hana
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1941 hour 5:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1939
1941 to 1941, 19____, 19____

that I last saw her alive on July 9, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Female Dissection
Progressive Renal Disease
Due to _____
Due to _____

Other conditions 110212
(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? _____

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

23. Signature Dr. Duffer (M. D. or other) Dr.

Address Grant city, Mo. Date signed July 19, 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.....

Arch C. Dimplee

Licensed Embalmer No. *3252*

P. O. Address. *Grant City, 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.