

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28529

State File No.

Registrar's No. 127

FILED SEP 17 1941
Registration District No. 400

Primary Registration District No. 555313

18000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Little-Blain
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jackson Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether)

In this community unknown
years, months or days

3. (a) PRINT FULL NAME WILLIAM KIDD

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex male

5. Color or race negro

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased unknown 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>unknown</u>	<u>hr.</u>	<u>min.</u>

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

10. Usual occupation Common Laborer

11. Industry or business

12. Name Isiah Kidd

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

14. Maiden name Roxie Williams

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

16. (a) Informant Mary Chism

(b) Address 2103 Campbell

17. (a) Burial (b) Date thereof 7-29-41
(City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or crematorium

18. (a) Signature of funeral director W. H. Greenstreet

(b) Address 1819 E. 15th KC Mo

19. (a) 7-29-41 (b) L. W. Book
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 2103 Campbell
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 24
year 1941 hour 7 minute P.

21. I hereby certify that I attended the deceased from July 19, 1941 to July 24, 1941
at I last saw him alive on July 19, 1941
and that death occurred on the date and hour stated above

Immediate cause of death Acute + Mitral Insufficiency

Due to ✓

Due to ✓

Other conditions (Include pregnancy within 3 months of death) 978

Major findings: Of operations ✓

Of autopsy No

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 L. W. Book (M. D. or other)

Address 2020 10th St Date signed 7/25/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Edw G. Evans

Licensed Embalmer No. 3831

P.O. Address 1819 E. 15th KC 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.