

S. No. 2
4-12-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31008**

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 258

FILED OCT 21 1941

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

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1. PLACE OF DEATH:
(a) County Boone
(b) City or town Boone - Columbi
(c) Name of hospital or institution: Boone Co. Hospital
(d) Length of stay: In hospital or institution 40 minutes
In this community about 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Rural
(d) Street No. Harrisburg Mo, R.F.D.
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME REX NEWTON KIDDER

3. (b) If veteran, name war None 3. (c) Social Security No. 492-12-4394

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie Kidder 6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased 12 18 1894

8. AGE: Years 46 Months 8 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Illinois (State or foreign country)

10. Usual occupation: Day Laborer

11. Industry or business _____

12. Name Almon Kidder

13. Birthplace Vermont

14. Maiden name Eda Bell Biddle

15. Birthplace Dout Know

16. (a) Informant Jennie Kidder

(b) Address Harrisburg Mo, R.F.D.

17. (a) Burial (b) Date thereof 9-20-41

(c) Place: burial or cremation Bethlehem

18. (a) Signature of funeral director Parters
(b) Address Columbi's Mo.
19. (a) 9/20/41 (b) Allie Selby

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17 year 1941 hour 10:15 minute _____ A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Accidental fall, staying head on concrete.

Due to Fally from truck

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

Major findings: Of operations 170 C 26 Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 9-17-41

(c) Where did injury occur? Highway 40 - West of

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on Highway 40

While at work? Yes (Specify type of office) (e) Means of injury Car

23. Signature Wm Madan (M. D. or other) _____ Address Columbi Mo Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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OCT 23 1947

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 *A. J. Whitehead*.....

Licensed Embalmer No. *3893*.....

P. O. Address *Calumet 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.