

No. 2
1-4-41
1-17-39
X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42146

State File No.

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 191

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
1032 Sycamore
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Years (Specify whether years, months or days)

In this community 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1032 Sycamore
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Charles Brooks Kitchens

3. (b) If veteran, name war No

3. (c) Social Security No. 491-07-8775

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Louise Webber

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased December 26 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 5
If less than one day hr. min.

9. Birthplace Winchester Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Stone Cutter
None

11. Industry or business

12. Name Dan Winchester KITCHENS

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

14. Maiden name Mahaley Brooks

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

16. (a) Informant Mrs. Chas. Kitchens

(b) Address 1032 Sycamore

17. (a) Burial (b) Date thereof Dec. 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery
EB. C. Ulmer

18. (a) Signature of funeral director 1208 S. Garrison

(b) Address

19. (a) Dec 3, 1941 (b) E. J. Mc Intire, M.D.
(Date received local registrar) (Registrar's signature)

865 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1941 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov. 23 1941 to Dec. 1 1941
that I last saw him alive on Dec. 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 21 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g3a

Of autopsy

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

Signature E. J. Mc Intire (M. D. certificate)

Address 414 Grant Carthage Date signed 12/1/41

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

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

MOTHER FATHER

421-1109

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..... *John S. Denneke*
Licensed Embalmer No..... *41940*

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.