6391

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 66

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

26
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1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Prison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Not known
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson City,
(If outside city or town limits, write "RURAL")
(d) Street No. Missouri State Prison
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME BEN KITCHEN (50853)
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex M 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced ? 1
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March (Month) 16th (Day) 1894 (Year)

8. AGE: Years	Months	Days	If less than one day
47	11	7	hr. min.

9. Birthplace Unknown (City, town, or county) _____ (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
FATHER
12. Name Unknown
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)
16. (a) Informant Mo. State Prison Records
(b) Address Jefferson City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation California, Mo.
18. (a) Signature of funeral director Thorpe & Gordon
(b) Address Jefferson City, Mo.
19. (a) March 8/42 (Date received local registrar) (b) Norma Fichter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th year 1942 hour 5 minute PM.
21. I hereby certify that I attended the deceased from March 7th, 1942, to March 7th, 1942 that I last saw him alive on March 7th, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Nephritis Interstitial acute	
Due to	
Due to	
Other conditions (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? _____ (Specify type of place)
While at work? _____ (e) Means of injury 0
23. Signature R. L. Russell (M. D. or other)
Address Prison Physician Date signed 3-8-42

(Licensed Embalmer's Statement on Reverse Side)

MAR 24 1942

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. Larry Lucent

Licensed Embalmer No. 7096

P. O. Address Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. S. No. 2B
DM—8-21-41
I X29288

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1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town .....
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Ben Kitchen
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: M
5. Color or race: B
6. (a) Single, widowed, married, divorced: —
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Mar (Month) 16 (Day) 1894 (Year)
8. AGE: Years 47 Months 11 Days — If less than one day ..... hr. ..... min.
9. Birthplace ..... (City, town, or county) ..... (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
MOTHER FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)
16. (a) Informant .....
(b) Address .....
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....
18. (a) Signature of funeral director .....
(b) Address .....
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day ..... year 1942 hour ..... minute ..... 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.

	Duration
Immediate cause of death: Nephritis - Interstitial Cause	
Due to: Chronic Nephritis	
Due to:	
Other conditions (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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: R S Russell (M. D. or other)
Address: Peiro Pender Date signed 5-15-42

SUPPLEMENTARY

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