U.S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1942

Registration District No. 173

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10516

Primary Registration District No. 5243

Registrar's No. 22

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

021
0
0

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Rural - Salisbury Twp.
(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 1 (Specify whether
In this community entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Rural 021
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Lizzie Ideffar Kitchen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Mose Kitchen

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased 7 (Month) 26 (Day) 1863 (Year)

8. AGE: Years 78 Months 7 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Isaac M Hickerson
13. Birthplace Ill (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Mallory
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant James Kitchen
(b) Address Salisbury Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 10 (Day) 42 (Year)
(c) Place: burial or cremation Salisbury

18. (a) Signature of funeral director Geo B Winkelmeyer
(b) Address Salisbury Mo

19. (a) 3/18/42 (Date received local registrar) (b) R A Ashing (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 8
year 1942 hour 11 minute P.M.

21. I hereby certify that I attended the deceased from 1939, 1939, to March 6, 1942
that I last saw her alive on March 6, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83a	
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 W. C. Alexander (M. D. or other) 0

Address Clifton Hill Mo Date signed 3/10/42

10x2

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4-9-

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 Kirk R. Winkelmeyer

Licensed Embalmer No. 3981

P. O. Address Salisbury 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.