No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10598
State File No.

Registration District No. 204 Primary Registration District No. 4124 Registrar's No. 15

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

1. PLACE OF DEATH:
(a) County CLINTON
(b) City or town LATHROP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Days.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CLINTON
(c) City or town LATHROP.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Hope Jean Kidd.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Negro
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) 10 (Day) 1942 (Year)

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace LATHROP (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation —
11. Industry or business —
MOTHER FATHER
12. Name Edgar Kidd.
13. Birthplace CLINTON COUNTY (City, town, or county) (State or foreign country)
14. Maiden name Laura May Barnett.
15. Birthplace LATHROP. MO. (City, town, or county) (State or foreign country)
16. (a) Informant Edgar Kidd.
(b) Address LATHROP MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/12-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lathrop, Mo.
18. (a) Signature of funeral director Demoss Crunk
(b) Address LATHROP MO
19. (a) Mar. 16, 1942 (Date received local registrar) (b) Mrs Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 12
year 1942 hour 9 minute 9 M.
21. I hereby certify that I attended the deceased from Mar-10 1942, to Mar 12 1942
that I last saw her alive on Mar-11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Intracranial Hemorrhage
Due to Too rapid delivery
Due to
Other conditions (Include pregnancy within 3 months of death) 16 0 C
Major findings:
Of operations
Of autopsy

Duration

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 [illegible] (M. D. or other)
Address Lathrop, Mo Date signed 3/14/42

(Licensed Embalmer's Statement on Reverse Side)

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 Not

Registered Apprentice No.

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2533.

P. O. Address [illegible] 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.