

Registration District No. 875

Primary Registration District No. 6162

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital Nevada, Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 mos 22 dys.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Stands City
(If outside city or town limits, write "RURAL")
(d) Street No. 804 East 12th St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Wilbur Kitner

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 30th 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 5 3 hr. _____ min.

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

10. Usual occupation Cook

11. Industry or business _____

MOTHER FATHER { 12. Name William Kitner

13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Luisa Tunnel

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

16. (a) Informant State Hospital Records

(b) Address Nevada, Mo

17. (a) Burial (b) Date thereof 3/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation State Hosp Cemetery

18. (a) Signature of funeral director Thos Funeral Service

(b) Address Nevada, Mo

19. (a) March 11, 1942 (b) Deputy Registrar
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd
year 1942 11 hour 15 minute P. M.

21. I hereby certify that I attended the deceased from April 9th, 1942 to March 3rd, 1942
that I last saw him alive on March 3rd, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Meningo Vascular Les.

Due to _____

Due to _____

Other conditions Fever, Unknown Origin 3 dys.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Left lobe Pneumonia Contingent
with pulmonary congestion & edema

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 _____

23. Signature G. S. Waraich (M. D. or other) _____

Address Nevada, Mo Date signed 3/5/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 71

District File Number 4-42-432

Date Filed 4-14-42

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 Allen J. Kemp

Licensed Embalmer No. 1968

P. O. Address Nevada, 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, above space should be left blank.