

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 23 1942

Registration District No. 816

Primary Registration District No. 4492

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Chaffee
(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 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100
(c) City or town Chaffee
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Levi Munroe Kinder

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Rosetta Honeycutt Kinder 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Aug 28 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>0</u>	hr. min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER

12. Name Adam Kinder

13. Birthplace West Va
(City, town, or county) (State or foreign country)

14. Maiden name Sarah DeVore

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

16. (a) Informant Mrs Shirley Gibbs

(b) Address Chaffee Mo

17. (a) Burial (b) Date thereof 4-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hynes Chapel Cape Co Mo

18. (a) Signature of funeral director Bispinghoff & Hubbard

(b) Address Chaffee Mo

19. (a) April 29th (b) Mrs U. H. Davis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1942 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from April 27 to April 28, 1942
that I last saw him alive on April 29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis

Due to _____

Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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 D

23. Signature [Signature] (M.D. or other) MD
Address _____ Date signed 4-29

Duration

10 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Office No. 2,

District File Number 542-643-

Date Filed 5-20-42

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.....

Licensed Embalmer No.....

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.