

20987

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 7 1942

Registration District No. 278

Primary Registration District No. 3015

Registrar's No. 75

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ALEX RAVENSWAY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS
In this community 50 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN RICHARD KIDWELL

3. (b) If veteran, name war MEXICAN WAR

3. (c) Social Security No. 486-16-3928

4. Sex MALE 5. Color or race WHITE

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

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

7. Birth date of deceased AUGUST 10 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 9 24 _____ hr. _____ min.

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

10. Usual occupation CARETAKER CITY DUMP

11. Industry or business CITY EMPLOYEE

MOTHER FATHER

12. Name JAMES KIDWELL

13. Birthplace MISSOURI (State or foreign country)

MOTHER FATHER

14. Maiden name MARY CLARKSON (State or foreign country)

15. Birthplace MISSOURI (State or foreign country)

16. (a) Informant's own signature MRS WILLIAM LAMBERT

(b) Address BOONVILLE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 6-1942
(Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) June 6-42 (Date received local registrar) (b) Dr Chas Snap (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER

(c) City or town BOONVILLE
(If outside city or town limits, write "RURAL")

(d) Street No. REAR 500 BLOCK OF 6 STREET
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 3rd year 1942 hour 10:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 1-42 to June 3, 1942, that I last saw him alive on June 2, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac hyper-trophy with valvular insufficiency

Due to Complicated by coronary sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9502

Major findings: Of operations _____

Of autopsy Same as above

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? _____

While at work? _____ (Specify type of place)

(d) Means of injury _____

23. Signature Dr DeGraffen (M. D. or other) MD

Address Boonville Mo Date signed 6/5/42

(Licensed Embalmer's Statement on Reverse Side) Deputy Coroner

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-6-42

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.