

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 212

12
7
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff

(c) Name of hospital or institution: Poplar Bluff Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

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

(d) Street No. Rural R. #3
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Herbert Kittredge

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1942 hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from 7-1-42 to 7-9-42 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) g3a

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Sarah Belle Kittredge 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Jan. 20 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Dewitt Blinton Kittredge

13. Birthplace Battle Creek Mich
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Elizabeth Baldwin

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

16. (a) Informant Mrs Adolph Bennett

(b) Address Kansas Lady Kan

17. (a) Burial (b) Date thereof 7/11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Frank Mortuary

(b) Address Poplar Bluff Mo

19. (a) 7-11-42 (b) Belle Kirese
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Poplar Bluff Mo Date signed 7-11-42

3

RECEIVED

District Health Office No. 2,

District File Number 842-928

Date Filed 8-4-42

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 Grover W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff, 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.