

FILED AUG 6 1942

Registration District No. **1431**

Primary Registration District No. **3023**

1. PLACE OF DEATH:

(a) County **Johnson**
(b) City or town **Warrensburg**
(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 _____ (Specify whether
In this community **65 years**
years, months or days)

3. (a) PRINT FULL NAME **Hattie Kuykendall**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **colored** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **John Kuykendall** 6. (c) Age of husband or wife if alive **dead** years
7. Birth date of deceased **December 7 1858**
(Month) (Day) (Year)

8. AGE: Years **83** Months **7** Days **9** If less than one day hr. min.

9. Birthplace **Johnson Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business _____

MOTHER FATHER
12. Name **unknown**
13. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Hattie Hillary**
15. Birthplace **unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Louis A. Bellin**
(b) Address **Warrensburg, Mo**
17. (a) **burial** (b) Date thereof **July 17, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) (c) Place: burial or cremation **Sunset Hill**
18. (a) Signature of funeral director **M. J. Wilson**
(b) Address **Warrensburg, Mo**
19. (a) **July 17 - 1942** (b) **Leola M. Williams**
(Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson** 51
(c) City or town **Warrensburg** 2
(If outside city or town limits, write "RURAL") 2
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **16**
year **1942** hour **2** minute **30** A.M.

21. I hereby certify that I attended the deceased from **June 1** 19**42** to **July 16** 19**42**
that I last saw him alive on **July 16** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**

Due to _____
Due to _____
Other conditions **none** 16
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **no**

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 **Wm. R. Patterson** (M. D. or other) **MD**
Address **Warrensburg Mo** Date signed **7-17-42**

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

51
29201

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-5-42.....

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

Samuel G. Plummer

Licensed Embalmer No.

3554

P. O. Address

Leeton 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.