

FILED FEB 4 1943
Registration District No. 218

Primary Registration District No. 3017-

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

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:
McC. Van Ravenswaay Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 - minutes
(Specify whether
 In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
 (c) City or town Columbia
(If outside city or town limits, write "RURAL")
 (d) Street No. 1409 Windsor St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country. /

3. (a) PRINT FULL NAME EDNA CECIL KITE

3. (b) If veteran, name war None 3. (c) Social Security No. 190-07-2567

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Otha 6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12 - 4 - 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	39	0	26 hr. min.

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

10. Usual occupation Shoe Factory & Housewife

11. Industry or business

MOTHER FATHER {
 12. Name R.L. Graves
 13. Birthplace Lacene Kansas
(City, town, or county) (State or foreign country)
 14. Maiden name Frances Ellen Pigg
 15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Graves
 (b) Address Columbia, Missouri.

17. (a) Removal (b) Date thereof 12-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery Columbia, Missouri.

18. (a) Signature of funeral director Columbia Mo.
 (b) Address Columbia Mo.

19. (a) Jan-3-43 (b) Dr. Chas Swap.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30
 year 1942 hour 8- minute 15 A. M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
 that I last saw h..... alive on Never seen alive 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilation of Heart
 Due to 95ct
 Other conditions 95ct
(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? yes (Specify type of place) (e) Means of injury 10
 23. Signature Dr. Chas Swap (M.D. or other)
 Address Boonville Mo. Date signed 1-4-43

RECEIVED

District Health Officer No. 8,

District File Number

2-13-43

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Licensed Embalmer No. 32

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.