

S. No. 2
M-9-4-41
7-5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2979

State File No.

FILED FEB 13 1943

Registration District No. 251

Primary Registration District No. 5853

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County: Nodaway

(b) City or town: Bedison, Mo. (Rural)
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 57 Years (Specify whether years, months or days)

In this community 57 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Nodaway

(c) City or town: Bedison, Mo. (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME: William Leonidas Kidd

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: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive, years:

7. Birth date of deceased: December 3, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>1</u>	<u>22</u>	hr. -- min.

9. Birthplace: Highland Co. Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER

12. Name: W. Walter Kidd

13. Birthplace: Virginia
(City, town, or county) (State or foreign country)

14. Maiden name: Deliah Fenner

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

16. (a) Informant: J. F. Kidd

(b) Address: Bedison, Missouri

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof: 1/27/43
(Month) (Day) (Year)

(c) Place: burial or cremation: Swinford, Cemetery

18. (a) Signature of funeral director: Price Funeral Home

(b) Address: Maryville Mo

19. (a) 1-26-43 (b) Mary Coile
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 25
year 43 hour 12 minute 01 A.M.

21. I hereby certify that I attended the deceased from Sept 2, 1942, to 1-25- 1943;
that I last saw him alive on 1-24 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chs Myocarditis
Arterio-sclerosis
Chs nephritis

Due to:

Due to:

Other conditions: 1/31/43
(Include pregnancy within 3 months of death)

Major findings: 1/31/43

Of operations:

Of autopsy:

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?

(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: J. M. Boyle (M. D. Boyle)

Address: Maryville Mo Date signed: 1-26-43

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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

Clem M. Price

Licensed Embalmer No. *1822*

P. O. Address. *Maryville 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.