

MAR 20 1943

5392

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Dent
(b) City or town Waltham Lenox Mo., (Rural)
(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.....
In this community Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Lenox Mo., Waltham Road
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Julia Lavina KINDER

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

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced. Married

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

7. Birth date of deceased Sept. 13, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 4 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.
MOTHER FATHER { 12. Name James Weber
13. Birthplace Tennessee
14. Maiden name Dont Know
15. Birthplace Dont Know
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Kinder
(b) Address Lenox Mo.

17. (a) Burial (b) Date thereof Jan. 30, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Anutt Cemetery

18. (a) Signature of funeral director Null & Son Funeral Home
(b) Address Rolla, Missouri
19. (a) Jan. 30 1943 (b) J. D. Weber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29
year 1943 hour 6 minute --P M.

21. I hereby certify that I attended the deceased from Oct 1, 1942 to 1-29-43, 1943;
that I last saw her alive on 1-22-43, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Due to hypertension - arteriosclerosis

Due to 12/18

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

Major findings:
Of operations
Of autopsy

Duration

minutes

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?

Home (Specify type of place)
while at work? (c) Means of injury

23. Signature J. D. Weber (M. D. or other) D.O.
Address Salem, Mo Date signed 1-30-43

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

RECEIVED

District Health Officer No. 5

District File Number 243145

Date Filed 3-8-43

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
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.