

FILED APR 7 1943  
Registration District No. 142

Primary Registration District No. 4269

Registrar's No. 20

1. PLACE OF DEATH:

(a) County DeFayette

(b) City or town Cordes  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeFayette

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

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

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

3. (a) PRINT FULL NAME Ida Bell Kewan

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4th  
year 1943 hour 6 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov. 1941  
1941, to Mar 4th 1943  
that I last saw him alive on Mar 3rd 1943  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased: July 12 1860  
(Month) (Day) (Year)

Immediate cause of death: Pulmonary Hypostosis

Due to: Cerebral and Arterio Sclerosis x Cerebral Hypertension

Due to: .....

Other conditions (Include pregnancy within 3 months of death): .....

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>7</u>	<u>21</u>	hr. .... min.

9. Birthplace: Spring Hill, Kansas  
(City, town, or county) (State or foreign country)

Major findings: none

Of operations: .....

Of autopsy: .....

PHYSICIAN: 830

Underline the cause to which death should be charged statistically.

10. Usual occupation: Retired

11. Industry or business: .....

MOTHER FATHER

12. Name: R. A. Merdick

13. Birthplace: Do not know?  
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Branton

15. Birthplace: Do not know?  
(City, town, or county) (State or foreign country)

16. (a) Informant: Fred N. Roberts

(b) Address: Cordes, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3-5-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation: Spring Hill, Kans

18. (a) Signature of funeral director: B. D. Nimmerstein

(b) Address: Kingsville, Mo.

19. (a) 3-5-1943 (Date received local registrar) (b) Dr. W. A. Braeskleu (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): .....

(b) Date of occurrence: 6

(c) Where did injury occur? u  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? u (Specify type of place) (c) Means of injury: u

23. Signature: G. M. Kendall (M. D. u)  
Address: Cordes, Mo. Date signed: 3-4-43

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

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RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-5-43

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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 Roy F. W. S. Regan

Licensed Embalmer No. 2883

P. O. Address Higginville, Va.

**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.**