S. No. 2
M—5-42
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I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 19 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12371

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3114

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 7
(c) City or town Rich Hill
(If outside city or town limits, write "RURAL") NR
(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 John Armstrong Kithcart

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Elmira Kithcart

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased February (Month) 19 (Day) 1859 (Year)

8. AGE: Years 84 Months 1 Days 12 If less than one day hr. min.

9. Birthplace Peru (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Retired R. R. Engineer

11. Industry or business Mo Pacific. R. R.

MOTHER FATHER

12. Name Nathan Kithcart

13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Sarah Irvin

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

16. (a) Informant Mrs. W. B. Blatt

(b) Address 5406 Delmar Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/1/43 (Month) (Day) (Year)

(c) Place: burial or cremation Rich Hill, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) APR 1 1943 (Date received local registrar) (b) J. F. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1943 hour 4 minute 03 P. M.

21. I hereby certify that I attended the deceased from March 29, 1943, to March 31, 1943 that I last saw him alive on March 31, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

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 Harol Steele (M. D. or other)
Address Mo. Pacific Hospital Date signed 3/31/43
St. Louis, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

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. 1861

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.