

**FILED FEB 15 1944**

Registration District No. **5010**

Primary Registration District No. **3010**

Registrar's No. **14**

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

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
S. C. M. O.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether  
In this community 44 yrs. 16 Mo.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Cape Girardeau  
(c) City or town JACKSON  
(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

Lou M. Kinder.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex 7. 5. Color or race W. 6. (a) Single, widowed, married, 2 divorced, widowed  
6. (b) Name of husband or wife Oliver B. Kinder. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: JUNE 18 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 22  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Pocahontas, MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation Home-maker.

MOTHER FATHER { 11. Industry or business \_\_\_\_\_

12. Name WM. PINKNEY MORTON  
13. Birthplace Near Raleigh, N.C.  
(City, town, or county) (State or foreign country)  
14. Maiden name Eloise Abernathy  
15. Birthplace Perry County, MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant [Signature]  
(b) Address [Address]

17. (a) [Signature] (b) Date thereof 1-12-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director Wilson Staller Seaburg

(b) Address Jackson, MO.

19. (a) 1-13-44 (b) V. H. Phillips  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10  
year 1844 hour 5 minute 14 M.

21. I hereby certify that I attended the deceased from Jan. 1 1944 to Jan 9 1944  
that I last saw him alive on Jan 9 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Duration 4 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Inferior of liver  
(Include pregnancy within 3 months of death)

Major findings: 330  
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?

(Specify type of place) While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature John W. Perry (M. D. or other)  
Address Cape Girardeau Date signed 1-17-44

RECEIVED  
District Health Officer No. 4  
District File Number 244-3390  
Date Filed 2-8-44

**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 Glen W. Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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.**