

No. 2
A-2-43
5-17-39
X35957

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11636

State File No. _____

Registration District No. 257

Primary Registration District No. 3048

Registrar's No. 457

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. 1202 East 2nd
(If rural, give location)

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

3. (a) PRINT FULL NAME Elsie G. Kidd

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 29 Year 1944
hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec 15 - 1943 to _____ 19____ to _____ 19____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife John Kidd

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased: Oct 28 1872
(Month) (Day) (Year)

that I last saw her alive on Feb 29 - 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure and Starvation

8. AGE: Years 71 Months 4 Days 1
If less than one day _____ hr. _____ min.

Due to Old Pulmonary Tuberculosis

Due to _____

9. Birthplace Davis County Iowa
(City, town, or county) (State or foreign country)

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

10. Usual occupation House wife

Major findings: Of operations 13 pl

11. Industry or business _____

12. Name W. J. Nixon

13. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Unknown

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

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Ernest Smith

(b) Address 1202 East 2nd Marionville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-44
(Month) (Day) (Year)

(c) Place: burial or cremation Missouri Cemetery

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 951 South Main Marionville Mo

19. (a) March 7-44 (Date received local registrar) (b) Campbell (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 _____

(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 Chas. T. Dece (M. D. or other) _____
Address Marionville Mo. Date signed 3/6/44

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

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..... *William Campbell*

Licensed Embalmer No. *2620*

P. O. Address *Maryville TN*

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.