

FILED APR 28 1944

Registration District No. 224

Primary Registration District No. 30465796

Registrar's No. 169

1. PLACE OF DEATH:

(a) County Monteau

(b) City or town Walker, Rural
(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 _____
(Specify whether years, months or days)

In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monteau ⁶⁸

(c) City or town Rural ⁰
(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 _____ ⁰

3. (a) PRINT FULL NAME John Henry Kindle

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or Race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Alice Kindle

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

7. Birth date of deceased Aug 4 1854
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 1
If less than one day hr _____ min _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Jesse Kindle

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

14. Maiden name Mary Ellen Faller

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

16. (a) Informant Velma Kindle

(b) Address California mo

17. (a) Rural (Burial, cremation, or removal) (b) Date thereof 4 17 44
(Month) (Day) (Year)

(c) Place: burial or cremation Appomattox Cem

18. (a) Signature of funeral director H. H. H. & F. H. H.

(b) Address California mo

19. (a) 4-5-44 (b) A. J. Galley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 5
year 1944 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-10-1944 to 4-5-1944
that I last saw him alive on 4-4-1944
and that death occurred on the day and hour stated above.

Immediate cause of death Chronic Valvular heart trouble
interossclerosis

Due to General debility

Due to _____

Other conditions 92d
(Include pregnancy within 3 months of death)

Major findings: None

Of operations _____

Of autopsy No

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 H. R. Poppey M.D. (M. D. or other) 0

Address California Mo Date signed _____

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

1312 4-27-44

419-44

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 4-27-44

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..... H. E. Friedmeyer.....

Licensed Embalmer No. 2854.....

P. O. Address. California 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.