

S. No. 2
DM-5-43
v. 5-17-39
I X36671

State File No. _____

FILED JUN 6 1944

Registration District No. 354

Primary Registration District No. 6195

Registrar's No. 61

1. PLACE OF DEATH:

(a) County Texas (Case Step)

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

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 15 yr years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas

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

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

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME NETTIE KITCHEN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color on race White

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

6. (b) Name of husband or wife Frank Kitchen

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased APRIL 21 1876

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>1</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Jesse Brown

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

14. Maiden name Jessie Reed

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

16. (a) Informant Frank Kitchen

(b) Address Trojan mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof May 31 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Nautil

18. (a) Signature of funeral director Edward Velliet

(b) Address Cuba mo

19. (a) May 29 1944 (Date received local registry)

Mrs. Lou Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1944 hour 9:30 minute P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Metral Insufficiency

Due to _____

Due to _____

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

Major findings: 928

Of operations _____

Of autopsy _____

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 Coronet

23. Signature R. Hubbard 3 (M. D. or other)

Address Trouston Date signed 6-27-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5

District File Number 644323

Date Filed 6-5-44

RECEIVED

District Health Officer No. 5

District File Number 644323

Date Filed 6-5-44

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 Langford V. Elliott

Licensed Embalmer No. 2252

P. O. Address Cabot 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.