V. S. No. 2
00M—8-43
Rev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25111

Registration District No. 184 Primary Registration District No. 4299 Registrar's No. 31

1. PLACE OF DEATH:

(a) County LINN

(b) City or town Bucklin
(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 1 (Specify whether
In this community 91 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn 58

(c) City or town Bucklin 0
(If outside city or town limits, write "RURAL") 0

(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 MARY E. KITCHEN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F. Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Oct (Month) 12, (Day) 1852 (Year)

8. AGE: Years 91 Months 8 Days 22 If less than one day hr. min.

9. Birthplace Macon Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business ✓

FATHER
12. Name Steve Pippin
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Sallie ~~Sadie~~ Lee
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Steve Sitchen
(b) Address Marceline Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cem.

18. (a) Signature of funeral director Larson Funeral Service
(b) Address Bucklin Mo.

19. (a) July 6, 1944 (Date received local registrar) (b) Wayne W. Corvan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1944 hour 12 minute 02 A.M.

21. I hereby certify that I attended the deceased from 6/ 1934, to 7/4 1944, that I last saw her alive on 7/1 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Chronic Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131 b

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? (e) Means of injury

23. Signature W. C. Gryar (M. D. or other) [illegible]

Address Bucklin, Mo. Date signed 7/5/44

456

(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 C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin 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.