

FILED JAN 28 1945

Registration District No.                     

Primary Registration District No. 4165

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Daviess  
(b) City or town Gallatin  
(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  
In this community About 6 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Wesley Luther Kidd

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosa Lee Kidd 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March 14 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 9 0 hr. min.

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

10. Usual occupation Electrician

11. Industry or business Retired

12. Name Mathew Kidd  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Adaline Davis  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. L. Kidd  
(b) Address Gallatin, Missouri

17. (a) Burial (b) Date thereof 12-18-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Green City, Mo.

18. (a) Signature of funeral director Hope Funeral Home  
(b) Address Gallatin, Missouri

19. (a) 12-16-1944 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess  
(c) City or town Gallatin  
(If outside city or town limits, write "RURAL")  
(d) Street No. None (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country                     

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14  
year 1944 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec. 7  
1944 to Dec. 14 1944  
that I last saw him alive on Dec. 14 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Advanced Degeneration 3 yrs.  
Due to Hypertension 5 yrs.  
Due to Hypertension 3 yrs.  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
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) (M.D. or other)  
23. Signature [Signature] (M.D. or other)  
Address Gallatin Mo. Date signed 12-15-44

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

31  
1  
0

1688

JAN 7 1948

**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 *L. O. Richerson*

Licensed Embalmer No. *3307*

P. O. Address *Fall River, 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.**