

FILED JAN 20 1945
Registration District No. 242

Primary Registration District No. 4362

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

1. PLACE OF DEATH:

(a) County New-Madrid

(b) City or town Morehouse Mo.

(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X 1
(Specify whether)

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New-Madrid

(c) City or town Morehouse Mo. 72
(If outside city or town limits, write "RURAL")

(d) Street No. X 3
(If rural, give location)

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

If yes, name country X 0

3. (a) PRINT FULL NAME Carlos Gene Kinder

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced X 0

6. (c) Age of husband or wife if alive 24 years 1943 (Day) (Year)

7. Birth date of deceased: 9 (Month) 24 (Day) 1943 (Year)

8. AGE: Years Months 1 Days 25 If less than one day hr. min.

9. Birthplace Morehouse Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation X

11. Industry or business X

12. Name Dan Kinder

13. Birthplace Lutesville, Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Rosie Lee Fowler

15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Dan Kinder

(b) Address Morehouse Mo.

17. (a) Burial (b) Date thereof 11/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director H. W. Albritton

(b) Address Sikeston, Mo.

19. (a) Dec 10, 1945 Mae Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1943 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from Nov. 17-43
1943 to Nov 18 1943
that I last saw him alive on Nov. 17-43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Colitis

Due to: ✓

Due to: 11:00

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓

Duration 14
11/11
16

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 J. P. Branton (M. D. or other)
Address Essex Date signed 11-19-43

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.....

Was not Embalmed

....., Registered Apprentice No. **4210**

working under my personal supervision.

Signed *Hunter Albritton*

Licensed Embalmer No. **4210**

P. O. Address.....

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.