

Registration District No. 301

Primary Registration District No. 6-0-322 4450

Registrar's No. 2013

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Doniphan Mo.
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 months years, months or days

3. (a) PRINT FULL NAME

John H. Kittle

(b) If veteran name war _____ (c) Social Security No. _____

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife May Kittle
(c) Age of husband or wife if alive 48 years
7. Birth date of deceased Oct. 22 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months _____ Days 21 If less than one day hr. _____ min. _____

9. Birthplace Gen Mo. 17
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business

12. Name John W. Kittle
13. Birthplace Verg. 1
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Gaper
15. Birthplace Gen Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant May Kittle
(b) Address Doniphan Mo.

17. (a) Removal (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ballard cemt

18. (a) Signature of funeral director Black's mortuary
(b) Address Doniphan Mo.

19. (a) 1/22/45 (b) E. D. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley 91
(c) City or town Doniphan
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12.
year 1944 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 10-1-, 1944, to 11-12-, 1944,
that I last saw him alive on 11-9-, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis
Chronic

Due to Arterial Sclerosis
and Chronic Nephritis
Due to _____

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) (e) Means of injury _____

23. Signature E. D. Johnson M. D. or other _____
Address Doniphan, Mo. Date signed 11-12-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Wm P. Deary

....., Registered Apprentice No. *371*

working under my personal supervision.

Signed.....

H. G. McNeill

Licensed Embalmer No. *3712*

P. O. Address *Deary Portau Wisc*

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.