

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 24 1945

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 29

Registration District No. 47

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lucy Lee  
(If not hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin  
(c) City or town Malden - City 35-  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) ?  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Fred Kinder

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male  
5. Color or race W

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

6. (b) Name of husband or wife Lorene Kinder

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

7. Birth date of deceased December 17 1917  
(Month) (Day) (Year)

8. AGE: Years 27 Months 1 Days 10  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation auto mechanic

11. Industry or business \_\_\_\_\_

12. Name P. Kinder

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

14. Maiden name Stelts

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

16. (a) Informant P. Kinder  
(b) Address Malden, Missouri

17. (a) Burial (b) Date thereof 1-28-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden New Cemetery  
(d) Signature of funeral director Landers Funeral Home  
(e) Address Campbell, Missouri

19. (a) 1-29-45 (b) Belle Turner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27  
year 1945 hour 6:28 minute A M.  
21. I hereby certify that I attended the deceased from Jan 24  
1945 to Jan 27 1945  
that I last saw him alive on Jan 27 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation  
Cardiac failure  
Third degree Burns of third fourths body surface  
Due to \_\_\_\_\_  
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) Accident 35  
(b) Date of occurrence Jan 24, 1945  
(c) Where did injury occur? Malden Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury Quemo (Kerosine lamp)

23. Signature A. A. Markel M.D. (M. D. or other)  
Address Poplar Bluff, Mo. Date signed 1-29-45

PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 245-241

Date Filed 2-15-45

**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.....

*Christina M. Landess*

Licensed Embalmer No. 4227

P. O. Address.....

*Campbell, Missouri*

**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.