

8-43
5-17-39
X37823

FILED AUG 18 1945

Registration District No. 17 Primary Registration District No. 5807 Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Madison
 (b) City or town Evansville, Ind.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1 hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community lifetime years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Ind. (b) County Monroe **69**
 (c) City or town Evansville (If outside city or town limits, write "RURAL") **0**
 (d) Street No. _____ (If rural, give location) **0**
 (e) Citizen of foreign country? no (Yes or No) **0**
 If yes, name country _____

3. (a) PRINT FULL NAME Jurial Alice Kitchin
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 8
 year 1945 hour _____ minute 50p M.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Chas. Kitchin 6. (c) Age of husband or wife if alive 83 years
 7. Birth date of deceased: July 27 1865
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 6, 1945, to July 8, 1945;
 that I last saw her alive on July 8, 1945,
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Cerebral Hemorrhage

8. AGE: Years 79 Months 11 Days 11 If less than one day _____ hr. _____ min.

Due to hypertension
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation ah housekeeper

Major findings: Of operations _____ Of autopsy _____

MOTHER FATHER
 11. Industry or business housekeeper
 12. Name Lewis Kitchin
 13. Birthplace Madison Co Mo (City, town, or county) (State or foreign country)
 14. Maiden name Mollie O'Veary
 15. Birthplace Madison Co Mo (City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Jurial Kitchin
 (b) Address Evansville, Ind.

23. Signature J. K. Burnie (and other) _____
 Address Madison Mo Date signed 7-7-45

17. (a) burial (b) Date thereof July 10 1945 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ashtock
 18. (a) Signature of funeral director Jessie Thompson
 (b) Address Madison Mo
 19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

23. Signature J. K. Burnie (and other) _____
 Address Madison Mo Date signed 7-7-45

Duration
3 days
Physician
unknown
Underline the cause to which death should be charged statistically.

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

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1473

RECEIVED

District Health Officer No. 10

District File Number 8-45-1265

Date Filed AUG 16 1945

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 Mrs. Freda Thompson

Licensed Embalmer No. 32821

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.

Registration District No. 227

Primary Registration District No. 5807

1. PLACE OF DEATH:

(a) County Monroe
(b) City or town Waverly Union
(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 _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME

Junia A. Kitchen

3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased July 21 (Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9/10/45 (b) Maym [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
to _____ 19____

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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?
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

S-28000