

S. No. 2
M-2-43
5-17-39
P-1 X35097

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28093**

FILED SEP 13 1945

Registration District No. 23-1 Primary Registration District No. 5863 Registrar's No. 124

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

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Bedison Polk Twp
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community about 5-2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Bedison
(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 _____

3. (a) PRINT FULL NAME John Franklin Kidd
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 28th
year 1945 hour 2 minute 30 A. M.
21. I hereby certify that I attended the deceased from not
attended 19____ to 19____
that I last saw him alive on not seen 19____
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Elsie Kidd Deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 29 1868
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis followed by cardiac failure due to arterio-sclerosis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations none
Of autopsy none performed

8. AGE: Years 77 Months 4 Days 29 If less than one day _____ hr. _____ min.
9. Birthplace Jasper County Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business _____
12. Name William W. Kidd
13. Birthplace Shiloh Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Altila Wambacher
15. Birthplace Van Buren Ohio
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mabel L Smith
(b) Address Bedison Mo
17. (a) Burial (b) Date thereof 7-31-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cemetery
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address Manville Mo
19. (a) 8-8-45 (b) June Barber
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
23. Signature L. E. Dean 3 Coroner
(M. D. or other) Address Maryville Mo Date signed 8-7-45

#21

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 William Campbell

Licensed Embalmer No. 2620

P. O. Address Waverly 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.