. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33009

FILED OCT 18 1945

Registration District No. 6 Primary Registration District No. 5031 Registrar's No. 17 8

1. PLACE OF DEATH:

(a) County AUDRAIN

(b) City or town CIVIL Twp RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4 1/2 MILES SOUTHWEST, VANDALIA, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 12 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County AUDRAIN 4

(c) City or town RURAL CIVIL Twp 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4 1/2 MILES SOUTHWEST VANDALIA
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME COMMODORE WELLINGTON KINDRED

3. (b) If veteran, name war ____ 3. (c) ~~Social Security~~ No. ____

4. Sex MALE 0 | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife MARGARET KINDRED 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased AUG (Month) 21 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
76	8	16	____ hr. ____ min.

9. Birthplace WRIGHT CITY (City, town, or county) MISSOURI 0 (State or foreign country)

10. Usual occupation FARMING

11. Industry or business ____

FATHER
12. Name UNKNOWN KINDRED
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant MRS MARGRET KINDRED
(b) Address VANDALIA, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-9-45 (Month) (Day) (Year)

(c) Place: burial or cremation MIDDLE TOWN CEMETARY

18. (a) Signature of funeral director Glen E Smith
(b) Address Vandalia, Mo.

19. (a) May 9 1945 (Date received local registrar) (b) Mollie Fugua (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1945 hour 7 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 6, 1945, to May 7, 1945;
that I last saw him alive on May 6, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocarditis	
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? ____ (Specify type of place)

While at work? ____ (e) Means of injury 0

23. Signature H. A. Bland (M. D. or other)

Address Vandalia Date signed 5/9/45

1073 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-45-1606
Date Filed OCT 17 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 Clyde W. Wiley

Licensed Embalmer No. 3820

P. O. Address Perry, Iowa

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.