S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

6738

FILED MAR 13 1946

State File No.

Registration District No. 12 240

Primary Registration District No. 5292-5965

Registrar's No. 14

**1. PLACE OF DEATH:**

(a) County P LATTE

(b) City or town SMITHVILLE. MO. R.F.D.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOME /
(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 MO. (b) County PLATTE 83

(c) City or town SMITHVILLE. r.f.d. 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. 2 MILES NORTHWEST OF SMITHVIE
(If rural, give location)

(e) Citizen of foreign country? NO 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LILLIE MARGARET KINDRED

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE /

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife

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

7. Birth date of deceased MARCH (Month) 4, (Day) 1886 (Year)

8. AGE: Years 59 | Months II | Days I | If less than one day hr. min.

9. Birthplace PLATTE COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name JOSHUA KINDRED
13. Birthplace MADISON CO. (City, town, or county) KY. / (State or foreign country)

MOTHER
14. Maiden name ELIZA MARGARET TROUT
15. Birthplace ROANOKE CO. (City, town, or county) VA. / (State or foreign country)

16. (a) Informant CHAS. W. KINDRED

(b) Address SMITHVILLE. MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/7/'46 (Month) (Day) (Year)

(c) Place: burial or cremation SMITHVILLE, MO.

18. (a) Signature of funeral director McComas Funeral Home

(b) Address Smithville, Mo.

19. (a) Feb 7th 1946 (Date received local registrar) Beulah Kitchen (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month FEB. day 5th year 1946 hour 7:40 minute n. M.

21. I hereby certify that I attended the deceased from JAN. 11, 1946, to FEB. 5, 1946; that I last saw her alive on FEB. 5, 1946; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Hypostatic Pneumonia | 7 or 8 days. |
| Due to Acute edema of the lungs | 7 or 8 days. |
| Due to Uremic poisoning. | 10 or 12 days |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

133.2

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 2

23. Signature Bernard S. Lord D.O. (M. D. or other)

Address Smithville, Mo. Date signed 2-6-46

257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 3-18-46

**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 S. A. McDonald

Licensed Embalmer No. 2303

P. O. Address Smithville, 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.**