S. No. 2
M—8-43
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P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8755

Registration District No. 52 Primary Registration District No. 4076 Registrar's No. 38

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: Gordonville, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 68 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Gordonville
(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 George Kinder

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Cora Felty

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

7. Birth date of deceased September (Month) 3rd (Day) 1877 (Year)

8. AGE: Years 68 Months 5 Days 21 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name James A. Kinder
13. Birthplace Gordonville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elizabeth Strong
15. Birthplace Whitewater, Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rudolph Mehrle
(b) Address Cape Girardeau, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Kinder Family Cemt.

18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri.

19. (a) 3-16-46 (Date received local registrar) (b) D. G. Sutton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24th year 1946 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from Aug 4, 1937 to Feb. 24, 1946 that I last saw him alive on Feb 14, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis + Arteriosclerosis	2 yr
Pernicious anemia	9 yrs
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

23. Signature R. L. Pitter (M. D. or other) MD
Address Cape Girardeau Mo Date signed 3-11-46

43

(Licensed Embalmer's Statement on Reverse Side)

Registrar's Office No. 4
Registrar's File Number 446-2014
Date Filed 4-13-46

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 Howard R. Harmon

Licensed Embalmer No. 4127

P. O. Address Cape Girardeau, 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.