

FILED MAR 29 1946 STANDARD CERTIFICATE OF DEATH

State File No. 11969

Registration District No. 352

Primary Registration District No. 6190

Registrar's No.

1. PLACE OF DEATH:

(a) County *Laney*

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

(c) Name of hospital or institution
Rural
(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) *few months*

2. USUAL RESIDENCE OF DECEASED:

(a) State *MO* (b) County *Laney* ¹⁰⁶

(c) City or town *Branson*
(If outside city or town limits, write "RURAL")

(d) Street No. *Rural*
(If rural, give location)

(e) Citizen of foreign country? *U.S.A.* (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME *CHARLES WESLEY-KIDD*

3. (b) If veteran, name war *no*

3. (c) Social Security No. *342-103029*

4. Sex *MALE* 5. Color or race *W*

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

6. (b) Name of husband or wife *Margaret Kidd*

6. (c) Age of husband or wife if alive *48* years

7. Birth date of deceased *March 4 1895*
(Month) (Day) (Year)

8. AGE: Years *60* Months *10* Days *20*
If less than one day hr. min.

9. Birthplace *PENN.*
(City, town, or county) (State or foreign country)

10. Usual occupation *Carpenter*

11. Industry or business *Iron Worker*

12. Name *James Franklin Kidd*

13. Birthplace *Maine*
(City, town, or county) (State or foreign country)

14. Maiden name *Susan W. Kidd*

15. Birthplace *Penn.*
(City, town, or county) (State or foreign country)

16. (a) Informant *Mrs. Charles W. Kidd*

(b) Address *Chicago Ill.*

17. (a) *Burial* (b) Date thereof *(Month) (Day) (Year)*

(c) Place: burial or cremation *Branson MO*

18. (a) Signature of funeral director *P. O. W. Mitchell*

(b) Address *Branson MO*

19. (a) *2-2-1946* (b) *Archie Brooks*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month *29* day *Jan.*
year *1946* hour *1* minute *P.M.*

21. I hereby certify that I attended the deceased from *at death*
only Jan 29 1946

that I last saw him *in bed Jan 29* 19*46*
and that death occurred on the date and hour stated above.

Immediate cause of death
Crushed Chest and internal injuries

Due to *Truck accident*

Due to *His truck bucked over him as he was fixing engine*

Other conditions
(Includes pregnancy within 3 months of death)

Major findings:
Of operations *106*

Of autopsy *106*

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) *accident 106*

(b) Date of occurrence *Jan - 29 - 1946*

(c) Where did injury occur? *Branson Laney MO*
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on High Way 80 near Branson
Specify type of place *Internal Injuries Crushed Chest*
(Specify type of place) (Cause of death)

23. Signature *Archie Brooks* (Registrar's signature)
Address *Farewell MO* Date signed *Jan. 27 1946*

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 346-247

Date Filed MAR 25 1946

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 Minnie L. Welchel

Licensed Embalmer No. 29 77

P. O. Address Branson 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.