

FILED MAY 30 1946

Registration District No. _____

Primary Registration District No. 3010

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
In this community In Cape County 10 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town near Charleston, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route #2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Henry Alfas Kuykendall

3. (b) If veteran, name war no 3. (c) Social Security none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mertie Kuykendall 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased February 5th, 1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Adam Kuykendall
13. Birthplace Missouri
14. Maiden name Sarah Foshee
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lige Kuykendall (bro)

(b) Address Charleston, Mo R#2

17. (a) Burial (b) Date thereof 4/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove-Charleston Mo

18. (a) Signature of funeral director J. F. Summers

(b) Address Charleston, Mo

19. (a) 4-20-1946 (b) C. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th
year 1946 hour 10 minute 05 A.M.

21. I hereby certify that I attended the deceased from 4-2 to 4-16
that I last saw alive on 4-16
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Ch

Due to _____
Due to _____
Other conditions 12/4/46
(Include pregnancy within 3 months of death)

Major findings: Analysis of liver
Of operations _____
Of autopsy _____
PHYSICIAN _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. D. Smith (M. D. or other) _____
Address Cap. Beronshaw Date signed 4/17/46

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

11382

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1
4

RECEIVED

Health Officer No. 4
Index File Number 546-2070
Date Filed 5-7-46

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 Edward B. Munnell

Licensed Embalmer No. 4164

P. O. Address Charleston, W. Va.

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.