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7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22929

FILED AUG 13 1946

Registration District No. 33 Primary Registration District No. 3010 Registrar's No. 138

16
4

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:
204 No. Henderson Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 204 No. Henderson St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emily Jane Kinder
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 Widowed
6. (b) Name of husband or wife Robert F. Kinder
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 14th (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
78	5	0	hr. min.

9. Birthplace Millersville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housework
11. Industry or business
12. Name James Runnels (FATHER)
13. Birthplace (City, town, or county) No. Carolina (State or foreign country)
14. Maiden name Sophia Miller (MOTHER)
15. Birthplace Millersville (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Andrew Kinder
(b) Address Cape Girardeau, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Russell Heights Cemt.
18. (a) Signature of funeral director L. L. Haman
(b) Address Cape Girardeau, Missouri.
19. (a) 7-15-1946 (Date received local registrar) (b) C. C. Simmons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th year 1946 hour 6 minute 40 A.M.
21. I hereby certify that I attended the deceased from June 1, 1946 to July 14, 1946, that I last saw her alive on July 14, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Sepsis.	2 months
Due to Perforated appendicitis + abscess	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death) Myocarditis + Endocarditis	50 yrs.

Major findings:
Of operations None
Of autopsy None

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 Frank Hall, M.D. (M. D. or other)
Address Cape Girardeau, Mo. Date signed 7-15-46

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 846-2409

Date Filed 8-1-46

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 L. Hamman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Missou

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.