V. S. No. 2
.00M—5-43
Rev. 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

FILED AUG 12 1946

State File No. 230516

Registration District No. 12 Primary Registration District No. 4134 Registrar's No. 80

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

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Smithville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Smithville 0
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

3. (a) PRINT FULL NAME Josephine Kindred
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles W. Kindred
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased August (Month) 29 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	11	2	hr. min.

9. Birthplace Adams County (City, town, or county) Illinois (State or foreign country)
10. Usual occupation House wife
11. Industry or business Same

FATHER
12. Name Charles Hornecker
13. Birthplace — (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Catherine Winkle
15. Birthplace — (City, town, or county) Germany (State or foreign country)

16. (a) Informant C. W. Kindred
(b) Address Smithville, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof August 2, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Smithville, Mo.
18. (a) Signature of funeral director McComas Funeral Home
(b) Address Smithville, Missouri
19. (a) Aug 2-1946 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1946 hour 11:00 minute A.M.
21. I hereby certify that I attended the deceased from May 15, 1946, 19..., to July 31, 1946
that I last saw her alive on July 31, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis
Due to Myocardial degeneration
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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 [signature] (M. D. or other)
Address Smithville Date signed 7/31/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-10-46

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 Owen J. Boggess Jr.

Licensed Embalmer No. 3940

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.