

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED AUG 21 1946

State File No. 26936

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 84

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: Reid Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days.
(Specify whether years, months or days)

In this community 2 Months.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Colorado (b) County ✓ 999

(c) City or town Hasty
(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 no

3. (a) PRINT FULL NAME Effie Elmina Kinder

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1946 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 30
1946, to Aug 31, 1946
that I last saw her alive on Aug 3rd, 1946
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Marion Kinder

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: January 25, 1877
(Month) (Day) (Year)

Immediate cause of death

Due to apoplexy

Due to hypertension

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g 30

Of autopsy

8. AGE: Years 69 Months 6 Days 8
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Farm

12. Name Noah Ward

13. Birthplace do not know

14. Maiden name Elizabeth Portvorff

15. Birthplace do not know
(City, town, or county) (State or foreign country)

16. (a) Informant Delaney Kinder

(b) Address Los Animas, Col.

17. (a) removal (b) Date thereof August 3, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Los Animas, Col.

18. (a) Signature of funeral director M. H. H. H.

(b) Address Bethany, Missouri

19. (a) Aug 3-46 (b) Zola Burris
(Date received local registrar) (Registrar's signature)

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?

While at work (Specify type of place) Mean of injury 2

23. Signature D. J. Reid (M. D. or other)
Address Bethany, Mo Date signed 8-3-46

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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JUL 10 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Melvin B. Lane*
Licensed Embalmer No. *3899*
Bethany P. O. Address..... *Missouri*

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.