S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33642

State File No. .....

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4521

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 hours (Specify whether
In this community as above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 14
(c) City or town Fulton, City 1
(If outside city or town limits, write "RURAL")
(d) Street No. - 2
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 1
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Lorene T. Kyger

3. (b) If veteran, name war no.
3. (c) Social Security No. no.

4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Curtis Kyger
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased December (Month) 12 (Day) 1893 (Year)

8. AGE: Years 52 Months 10 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation housewife
11. Industry or business x

FATHER
12. Name Joseph Clardy
13. Birthplace unknown, (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Addie Criswell
15. Birthplace unknown, (City, town, or county) 9 (State or foreign country)

16. (a) Informant Curtis Kyger,
(b) Address Fulton, Missouri
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation Fulton, Missouri
18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 10-28-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 27 year 1946 hour 11 45 minute a M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull
Crushed Chest
Due to Fractured Lowerdorsal & upper Lumbar Vert
Fractured Right Femur
Due to (non collision
Other conditions Car overturned)
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1706 8 28
Of autopsy no
History & Inspection

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) accident
(b) Date of occurrence 10-26-46 34
(c) Where did injury occur? Highway 13 & 40 Lafayette Co Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury Auto Trauma

23. Signature [signature] (M. D. or other) 3
Address 1424 [illegible] Date signed 10-27-46

(Licensed Embalmer's Statement on Reverse Side)

FEB 16 1948

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 J. Blair Sheppard

Licensed Embalmer No. 4179

P. O. Address K. C. 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.