S. No. 2
M—5-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1947

Registration District No. 236

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1898

State File No.

Primary Registration District No. 4352

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Morgan

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

(c) Name of hospital or institution: 9
(If not in hospital or institution, write street number or location)

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

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71

(c) City or town Versailles 1
(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) 0

If yes, name country

3. (a) PRINT FULL NAME Donald Howard Kidwell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race W

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased June (Month) 19 (Day) 1940 (Year)

8. AGE: Years 6 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Morgan Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation School

11. Industry or business

FATHER
12. Name Raymond Kidwell
13. Birthplace No Record (City, town, or county) Kansas 1 (State or foreign country)

MOTHER
14. Maiden name Ethel Merriott
15. Birthplace Morgan Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant W. F. Kidwell
(b) Address Versailles, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Versailles Cemetery

18. (a) Signature of funeral director Louis Phillips
(b) Address Eldon, Missouri

19. (a) 1-13-47 (Date received local registrar) (b) J. L. Nash (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th year 1947 hour 5 minute 10 p.m.

21. I hereby certify that I attended the deceased from Jan 5th (11 am) 1947 to Jan 5 1947; that I last saw h. alive on Jan 5 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Skull — Duration 6 mo

Due to automobile accident (Struck by car)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 71

(b) Date of occurrence Jan 5 1947 mo

(c) Where did injury occur? Versailles (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? near home (Specify type of place)

While at work? (e) Means of injury Automobile 0

23. Signature W. G. Dunn (M. D. or other)

Address Versailles Mo Date signed 1-11-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 12-46-2340
Date Filed 1-14-47

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. L. Stevinson

Licensed Embalmer No. 4073

P. O. Address Stover 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.