S. No. 2
M—2-43
5-17:39
I X35697

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

Sex [illegible] 9773-47

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 12 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5293

Registration District No. 169 Primary Registration District No. 4260 Registrar's No. 106

1. PLACE OF DEATH:

(a) County KNOX

(b) City or town BARING (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 (Specify whether

In this community 56 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County KNOX 52

(c) City or town BARING (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME RALPH KIDWELL

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M 0

5. Color or race W

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

6. (b) Name of husband or wife EFFIE M. WINGET

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

7. Birth date of deceased JULY (Month) 11 (Day) 1885 (Year)

8. AGE: Years 61 Months 7 Days 10 If less than one day hr. min.

9. Birthplace DANVILLE (City, town, or county) ILLINOIS / (State or foreign country)

10. Usual occupation DRUGGIST

11. Industry or business

FATHER
12. Name LEANDER KIDWELL
13. Birthplace (City, town, or county) KY / (State or foreign country)

MOTHER
14. Maiden name MARTHA JANE
15. Birthplace (City, town, or county) KY / (State or foreign country)

16. (a) Informant EFFIE M. KIDWELL

(b) Address BARING MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-23, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation LINVILLE - EDINA - MO

18. (a) Signature of funeral director Geo B Easley Jr.

(b) Address Hurdland MO

19. (a) Feb-23-47 (Date received local registrar) (b) Neil S. Kunalt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 21 year 1947 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 1, 1947, to Feb. 21, 1947 that I last saw him alive on Feb 21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	1 hr.
Due to	
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)

(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 0

23. Signature [illegible] (M. ~~D. or other~~)

Address Edina MO Date signed 2/22/47

151

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
MAR 11 1947

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 Richard B. Kelley, Registered Apprentice No. 467, working under my personal supervision.

Signed Geo B Easley Jr.

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5293

State File No. 52293

Registration District No. 169 Primary Registration District No. 4260 Registrar's No. 106

1. PLACE OF DEATH:

(a) County Knox

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

(c) Name of hospital or institution: 52 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community 5 6 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52

(c) City or town Baring, Mo. (If outside city or town limits, write "RURAL") 0

(d) Street No. 0 (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ralph Kidwell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Effie M. Wright

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

7. Birth date of deceased July (Month) 11 (Day) 1885 (Year)

8. AGE: Years 61 Months 7 Days 10 If less than one day hr. min.

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

10. Usual occupation Druggist

11. Industry or business

FATHER

12. Name Leander Kidwell

13. Birthplace UK. (City, town, or county) Ky. (State or foreign country)

MOTHER

14. Maiden name ~~Effie~~ Martha Jones

15. Birthplace UK. (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Effie M. Kidwell

(b) Address Baring. Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 2-23-47 (Month) (Day) (Year)

(c) Place: burial or cremation Linville Cemetery

18. (a) Signature of funeral director Geo. B. Cadey

(b) Address Kirksland. Mo.

19. (a) 2-23-47 (Date received local registrar) (b) Nell S. Kumat (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1947 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb. 1, 1947, to Feb. 1, 1947; that I last saw him alive on Feb. 21, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 hr.
Due to:	
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)

(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 J. C. Luman. MD (M. D. or other) MD

Address Edina. Mo. Date signed 2/22/47

94A

101

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No......

Registration District No..... Primary Registration District No..... *Registrar's No.*.....

1. PLACE OF DEATH:

(*a*) County.....

(*b*) City or town.....
(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.....
(Specify whether years, months or days)
In this community.....

2. USUAL RESIDENCE OF DECEASED:

(*a*) State..... (*b*) County.....

(*c*) City or town.....
(If outside city or town limits, write "RURAL")

(*d*) Street No.....
(If rural, give location)

(*e*) Citizen of foreign country?.....(Yes or No)

If yes, name country.....

3. (*a*) **PRINT FULL NAME**.....

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

4. Sex..... 5. Color or race..... 6. (*a*) Single, widowed, married, divorced.....

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

7. Birth date of deceased..... (Month) (Day) (Year)

8. **AGE:** Years | Months | Days | If less than one day .....hr. .....min.

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

10. Usual occupation.....

11. Industry or business.....

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

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

16. (*a*) Informant.....
(*b*) Address.....

17. (*a*) ..... (Burial, cremation, or removal) (*b*) Date thereof..... (Month) (Day) (Year)
(*c*) Place: burial or cremation.....

18. (*a*) Signature of funeral director.....
(*b*) Address.....

19. (*a*) ..... (Date received local registrar) (*b*) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month.....day.....
year.....hour.....minute.....M.

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

	Duration
Immediate cause of death.....	
Due to.....	
Due to.....	
Other conditions..... (Include pregnancy within 3 months of death)	
Major findings: Of operations.....	
Of autopsy.....	

S - 5293

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..... (M. D. or other).....
Address..... Date signed.....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY—USE UNFAD... INK—MAKE A PERMANENT REC...

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