No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16493 Dysart

FILED MAY 19 1947

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 135

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 400 Worley St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 71 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 400 Worley St. 4
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN KITE
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Dora Lee Burks Kite
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 4 - 27 - 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	0	6	..... hr. ..... min.

9. Birthplace Boone County Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER
12. Name William Kite 1
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Susan Lewis 0
15. Birthplace Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Owen Kite
(b) Address Columbia, Mo.
17. (a) Burial (b) Date thereof 5-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Smith Chapel
18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.
19. (a) 5-6-47 (b) Mrs R E Palmer 31
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1947 hour 2 minute 30 A. M.
21. I hereby certify that I attended the deceased from 3-10-
1947, to 5-2-1947
that I last saw him alive on 5-1-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis & Bronchial Asthma

Due to —

Due to — 93

Other conditions — Blind in one Eye
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration: Ser. Mo. Sex. Whs.

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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? No (Specify type of place)
While at work? (e) Means of injury 0
23. Signature W. P. Dysart (M. D. or other)
Address Columbia Mo. Date signed 5-6-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-15-47

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 W. D. Whitsides

Licensed Embalmer No. 3893

P. O. Address Columbia M

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.