S. No. 2
DM—5-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1947

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27459

Primary Registration District No. 5466

Registrar's No. 714

1. PLACE OF DEATH:

(a) County: GREENE

(b) City or town: RURAL - S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: OZARK OSTEOPATHIC HOSPITAL 0
(If not in hospital or institution, write street number or location)

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

39
0
0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

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

(d) Street No. Rt #2 0
(If rural, give location)

(e) Citizen of foreign country? ~~yes~~ no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME MRS. Grace Kitsmiller

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife MR. SAM KITSMILLER.

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased November (Month) 26 (Day) 1886 (Year)

8. AGE: Years 60 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Stockton, (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

FATHER
12. Name A. J. KIRKPATRICK
13. Birthplace UNKNOWN. 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY JANE WEBB
15. Birthplace UNKNOWN. 9 (City, town, or county) (State or foreign country)

16. (a) Informant MR. SAM KITSMILLER
(b) Address Rt 2, Humansville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-15-1947 (Month) (Day) (Year)
(c) Place: burial or cremation OMER Cemetery

18. (a) Signature of funeral director Church & Neal
(b) Address Stockton, Missouri

19. (a) 8-13-47 (Date received local registrar) (b) M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th year 1947 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from August 10, 1947, to August 13, 1947; that I last saw her alive on August 13, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis — Duration

Due to Intestinal Obstruction

Due to Carcinoma Transverse Colon

Other conditions (Include pregnancy within 3 months of death) HbF

Major findings: Of operations Annular Carcinoma Transverse Colon

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 2

23. Signature R. A. Michael M.D. (M. D. or other)

Address Springfield Mo. Date signed 8-13-47

(Licensed Embalmer's Statement on Reverse Side)

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

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 Roy H. Mercer, Jr.

Licensed Embalmer No. 4432

P. O. Address Springfield, 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.