

FILED AUG 30 1947 24  
Registration District No. ....

Primary Registration District No. 3046

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town California  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Latham Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 71  
(c) City or town Rural Barnett MO 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 0  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MARY BLANCHE KIDWELL

3. (b) If veteran, name war. (c) Social Security No. 499-24-7875

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Stanley Kidwell  
6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Nov 27th 1910  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 8 15  
hr. min.

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

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name William Collins  
13. Birthplace Miller CO MO 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Sareta Phillips  
15. Birthplace Moniteau CO MO 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Stanley Kidwell  
(b) Address Barnett MO  
17. (a) Removal (b) Date thereof 8-12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Hope Well

18. (a) Signature of funeral director W. F. ...  
(b) Address Versailles MO  
19. (a) 8/13/47 (b) R. R. Popejoy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12  
year 1947 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 2  
1945 to Aug. 12 1947  
that I last saw her alive on Aug 12 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage and eclampsia incident to pregnancy. 1 day  
Due to

Due to  
Other conditions Pregnancy - at term  
(Include pregnancy within months of death)

Major findings: Of operations 144A  
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?

23. Signature Kenyon Latham (M. D. or other) 0  
While at work? (Specify type of place) (e) Means of injury  
Address California, MO Date signed 8-12-47

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

Date Filed AUG 29 1947  
District File Number

District Health Officer No. 9

RECEIVED

SEP 4 1947

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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 *H. T. Keenell*

Licensed Embalmer No. 1596

P. O. Address Versailles Missouri.

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.