

S. No. 2  
M-2-43  
5-17-39  
-1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32057

State File No. \_\_\_\_\_

FILED OCT 8 1947  
Registration District No. 2

Primary Registration District No. 5932

Registrar's No. 308

1. PLACE OF DEATH:  
(a) County Pettis  
(b) City or town La Monte (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: R. F. D. #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 35 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Pettis  
(c) City or town La Monte (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. F. D. #2  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Enoch Cornelious Kindle  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Sept. day 17  
year 1947 hour 12 minute 30 P.M.

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Myrtle May Dyer 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Dec 27 1883  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-17 1947  
that I last saw him alive on 9-17 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
63 8 20 hr. min.

Immediate cause of death Tubercular Pectoris  
Due to \_\_\_\_\_

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

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Farmer

Major findings: Of operations 9412  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Alfred Kindle

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

14. Maiden name Tennessee Tapp

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

16. (a) Informant Alfred Kindle

(b) Address La Monte Mo.

17. (a) Burial (b) Date thereof 9-19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaMonte Cemetery

18. (a) Signature of funeral director Paul M. Moore

(b) Address LaMonte Mo.

19. (a) 9-18-47 (b) Betty Yeager  
(Date received local registrar) (Registrar's signature)

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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. E. Kralick (M. D. or other) M.D.  
Address La Monte Mo. Date signed 9-18-47

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

**RECEIVED**

District Health Officer No. 8,

District File Number.....

Date Filled 10-6-47

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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 Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte 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.**