

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1309-10
State File No. **35246**

FILED OCT 25 1947

Registration District No. **274** Primary Registration District No. **3052** Registrar's No. **330**

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

70
664

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
1831 W. 3rd. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)
Lifetime

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 1831 W. 3rd. St.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Marie Thompson Kinkade

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

4. Sex F 5. Color or race W

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

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

7. Birth date of deceased February 3, 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

44 8 3 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER { 12. Name Robert Lee Thompson

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

14. Maiden name Bertha Fombelle

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

16. (a) Informant Arthur Kinkade

(b) Address Sedalia, Mo.

17. (a) Buriel (b) Date thereof 10-8-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Geo. Oussard

(b) Address Sedalia

19. (a) 10/7/47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6th
year 1947 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 10, 1947, to October 6, 1947;
that I last saw her alive on Oct 5, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Ac. Glomerulonephritis
Glomerulo

Due to.....

Due to.....

Other condition Chr myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... 93 P

Duration.....

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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature JW Boger (M. D. or other) MD

Address Sedalia Mo Date signed 10/6/47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

10-24-47

FEB 2 1948
1040

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

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address. Sedalia, 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.