

S. No. 2
M-5-43
5-17-39
P I X36871

FILED DEC 17 1947

Registration District No. 76

Primary Registration District No. 3002

Registrar's No. 177

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

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 603 S. Clark St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME James Logan Kidd

3. (b) If veteran, name war Spanish-American 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Kidd 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased February 24, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 9 17 hr. min.

9. Birthplace Mexico, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business.....

MOTHER, FATHER { 12. Name David Kidd
13. Birthplace Unknown
14. Maiden name Sophia Theimer
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Kidd
(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof Dec. 15, 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director East E. Pugh
(b) Address Mexico, Mo.

19. 12/15/47 (b) Blanche Neely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1947 hour 7:22 minute 50 P M.

21. I hereby certify that I attended the deceased from Oct 14 to Dec 11 1947
that I last saw him alive on Dec 11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Leucemia lymphatica chr.
Duration

Due to.....
Due to.....

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

Major findings:
Of operations.....
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?

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

23. Signature W. Williams (M. D. or other) MD
Address Mexico, Mo Date signed 12/14/47

DEC 18 1947

DEC 29 1947

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.....

Clarence C. Robinson....., Registered Apprentice No. 56
working under my personal supervision.

Signed Tail E. Paul.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.