

FILED DEC 16 1947

Registration District No. **277**

Primary Registration District No. **4358**

Registrar's No. **65**

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

1. PLACE OF DEATH:
 (a) County New Madrid
 (b) City or town Lilbourn
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no
(Specify whether)
 In this community 5 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County New Madrid
 (c) City or town Lilbourn, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MART KITCHELL
 3. (b) If veteran, name war MAP NO.
 3. (c) Social Security No. No.

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2
 6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 28 1894
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Above

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Wiley Keel
 (b) Address Lilbourn, Mo.

17. (a) Burial (b) Date thereof 11-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation New Madrid

18. (c) Signature of funeral director Day Funeral Service
 (b) Address Malden, Mo.

19. (a) 11-29-47 (b) H. L. Pender Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 26
 year 1947 hour about 4 o'clock a.m.
 21. I hereby certify that I attended the deceased from July 1
 1947 to Nov 26 1947
 that I last saw him alive on Nov 12 1947
 and that death occurred on the date and hour stated above.
 Immediate cause of death Probably Coronary Occlusion
 Other conditions Hypertension 3 yrs
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: 94%
 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 E. E. Jones (M. D. or other) _____
 Address Lilbourn Mo Date signed 11-26-47

DEC 17 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. D. Shuman

Licensed Embalmer No. 4086

P. O. Address. Malibu

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.