

No. 2  
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17-39  
X47070

5775

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 28 1948

Registration District No. 277

Primary Registration District No. 4412

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Pike

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

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Curryville 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Nathan Kindred

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14<sup>th</sup> year 1948 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from Jan. 13-1944 to Feb. 14 1948  
that I last saw him alive on Feb. 13 and that death occurred on the date and hour stated above. 1948

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lelia Kindred 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased June 21 1864  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

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

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

83	7	24	hr. min.
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9. Birthplace Curryville, Mo Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Turner Kindred

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

14. Maiden name Matilda Bondurant

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

16. (a) Informant Lelia Kindred

(b) Address Curryville, Missouri

17. (a) Burial (b) Date thereof Feb. 16 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Curryville Cemetery

18. (a) Signature of funeral director W.S. Waters

(b) Address Zandania, Mo.

19. (a) 2-20-48 (b) Bill Robinson  
(Date received local registrar) (Registrar's Signature)

Major findings: 9/2/48

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 0

23. Signature W.S. Waters (M. D. or other) MA

Address Zandania, Mo. Date signed 2/16/48

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

RECEIVED  
District Health Officer No. 10  
District File Number 248390  
Date Filed FEB 26 1948

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. B. Waters  
Licensed Embalmer No. 4169  
P. O. Address Dandelia 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.