

No. 300
-10-47
5-17-39
P 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

26406

State File No. _____

3125

Registrar's No. _____

FILED AUG 26 1948
Registration District No. 249

Primary Registration District No. 1002

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8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3200 Norledge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Missouri City Mo. 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0
(If rural, give location) 1

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

If yes, name country _____

3. (a) PRINT FULL NAME Alexander Calhoun Kidd.

3. (b) If veteran, name war no

3. (c) Social Security No. ho

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jul day 29
year 1948 hour 12 minute 5 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Hile Kidd

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 4, 1858.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 21 1948 to July 29 1948, that I last saw him alive on July 29 1948; and that death occurred on the date and time stated above.

Immediate cause of death: Fracture of pelvis 8 days

8. AGE: Years 90 Months 6 Days 25 If less than one day
hr. _____ min. _____

Due to Arteriosclerosis of heart & vessels?

Due to Arteriosclerosis, gen. sever?

Other conditions none
(Include pregnancy within 3 months of death)

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

10. Usual occupation Retired Foreman (Track)

11. Industry or business Wabash Railroad Co.

12. Name Thomas E. Kidd

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

14. Maiden name Foley

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

Major findings:
Of operations 1860

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Bettie Corn

(b) Address North Kas. City Mo. Route No. 5

17. (a) Removal (b) Date thereof Aug. 1, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri City Missouri

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address 918 Brooklyn

19. (a) 7-31-48 (b) Seraldine Holmes
(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) Accident

(b) Date of occurrence July 24, 1948

(c) Where did injury occur at farm home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm home - fell - saved by horse

While at work? no (Specify type of place) (e) Means of injury broken fall

23. Signature [Signature] (M. D. or other) [Signature]

Address 1025 North Bldg. K.C. Mo. Date signed 7/30/48

Rialto Bldg
1:30 P.M. Fri.
VI 4751

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..... *Joe B. Yoder*

Licensed Embalmer No..... *4173*

P. O. Address..... *918 Brooklyn*

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.

K.C. Mo.