No. 300
10.48

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

FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16556

BIRTH NO. _____ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5711 Registrar's No. 9

1. PLACE OF DEATH
a. COUNTY: McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Elkhorn
c. LENGTH OF STAY (in this place): 32 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Elkhorn
d. STREET ADDRESS (If rural, give location): Anderson, Mo. R#2

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Thomas
c. (Last): Kidd

4. DATE OF DEATH (Month) (Day) (Year): May 24 1949

5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: August 17 1871
9. AGE (In years last birthday): 77 — If under 1 year: Months 9, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Kidd
13b. MOTHER'S MAIDEN NAME: Nancy Teague
14. NAME OF HUSBAND OR WIFE: Mary Kidd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Arvel Kidd
ADDRESS: Anderson, Mo. R2

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Lobular — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. senility and myocardial insufficiency — 491X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: no operation
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: no injury

22. *I hereby certify that I attended the deceased from* 5-20-49, *19*____, *to* 5-24-49, *19*____, *that I last saw the deceased alive on* 5-23-49, *19*____, *and that death occurred at* 1:15 *a.m. from the causes and on the date stated above.*

23a. SIGNATURE: L. L. Bush
(Degree or title): D.O.
23b. ADDRESS: Anderson, Missouri
23c. DATE SIGNED: 5-26-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/25/49
24c. NAME OF CEMETERY OR CREMATORY: Union Chapel Cem.
24d. LOCATION (City, town, or county) (State): Stella, Mo.

DATE REC'D BY LOCAL REG.: May 30, 1949
REGISTRAR'S SIGNATURE: D. E. Plumlee
178
25. FUNERAL DIRECTOR'S SIGNATURE: Wm. Morris Hogue
ADDRESS: Neosho, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 649.633
Date Filed 6-1-49

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 James Kenyth Duncan, Student Embalmer No. 308 working under my personal supervision.

Signed James Kenyth Duncan
Student Embalmer

Signed Wm Marri Pogue
Licensed Embalmer No. 3447
P. O. Address Wheaton, 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.