

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

FILED AUG 6 1949  
43075-49  
Registration District No. \_\_\_\_\_

State File No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 199

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield, Mo

(c) Name of hospital or institution: Brookfield Hospital

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

(d) Length of stay: In hospital or institution 3 hrs

In this community 3 hours (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Linn Macon

(c) City or town Bucklin,

(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 Andy Alvie Kitchen

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

4. Sex male 5. Color or race W

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 19, 1949

(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th year 1949 hour 2:00 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 19th 19 49 7/20 19 49

that I last saw him alive on July 20th 19 49

and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
			<u>3</u> hr. <u>0</u> min.

9. Birthplace Brookfield, Mo

(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

Immediate cause of death Prematurity Duration \_\_\_\_\_

approx. 6 mo.

Due to asphyxia

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

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

MOTHER FATHER { 12. Name Alfred Junior Kitchen

13. Birthplace St. Catherine, Mo.

(City, town, or county) (State or foreign country)

14. Maiden name Ann Centero

15. Birthplace Tampa, Fla.

(City, town, or county) (State or foreign country)

16. (a) Informant father

(b) Address Bucklin, Mo

17. (a) burial (b) Date thereof 7/20/49

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery

18. (a) Signature of funeral director Jarvis Funeral Service

(b) Address Bucklin, Mo.

19. (a) 7/20/49 (b) H. B. Erwin

(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

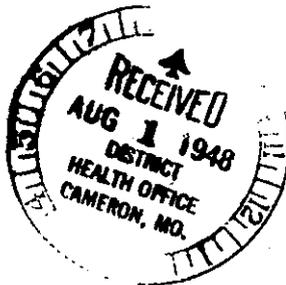
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(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 John Olin Carter (M. D. or other) DO

Address Macon Date signed 7/20/49



**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 <sup>not</sup>.....

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

Signed..... *C.A. Larson*

Licensed Embalmer No. *4027*

P. O. Address..... *Buckler, 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.**