

No. 300  
10-48

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THE DIVISION OF HEALTH OF MISSOURI

FILED SEP 9 1949 STANDARD CERTIFICATE OF DEATH

State File No. 29027  
27 Registrar's No.

BIRTH NO.		REG. DIST. NO. 339		PRIMARY REG. DIST. NO. 450		Registrar's No. 27			
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Puxico		163			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) Soloman James Kitchen			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Aug. 21, 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 10, 1882			
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME George Kitchen			13b. MOTHER'S MAIDEN NAME Sarah Malone			14. NAME OF HUSBAND OR WIFE Minnie Mae Kitchen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Floyd Kitchen		ADDRESS Puxico, Mo.			
18. CAUSE OF DEATH 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Sigmoid  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.				INTERVAL BETWEEN ONSET AND DEATH  153X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1 - 1949, to 8-21, 1949, that I last saw the deceased alive on 8-20, 1949, and that death occurred at 7:10 A.M., from the causes and on the date stated above.									
23a. SIGNATURE U.S. Killings J.D.				23b. ADDRESS Puxico Mo		23c. DATE SIGNED 8/21/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 22, 1949		24c. NAME OF CEMETERY OR CREMATORY Kimbrell		24d. LOCATION (City, town, or county) (State) Near Leora, Mo.			
DATE REC'D BY LOCAL REG. 8-21-49		REGISTRAR'S SIGNATURE Floyd Morgan 358		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Floyd Morgan Puxico Mo					

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED SEP 6 194  
District Health Office No. 2  
District File Number 949-28  
Date Filed \_\_\_\_\_

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ira E. Meadows

Licensed Embalmer No. 4637

P. O. Address Pupis, 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.