No. 300
10.46

FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37554

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. ~~3032~~ 5601 Registrar's No. 146

1. PLACE OF DEATH
a. COUNTY: JOHNSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARRENSBURG
c. LENGTH OF STAY (in this place): 2 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): COUNTY HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JOHNSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HOLDEN 0510
d. STREET ADDRESS (If rural, give location): HOLDEN MISSOURI

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): WOOD
c. (Last): KINDER

4. DATE OF DEATH (Month) (Day) (Year): NOV. 20 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: APRIL 18 1867
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 7, Days 2 — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: YATEMAN KINDER
13b. MOTHER'S MAIDEN NAME: BERTHA BLACK
14. NAME OF HUSBAND OR WIFE: CINA COLBERT KINDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: FLOYD O' KINDER — ADDRESS: KINGSVILLE 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): Chr. nephritis — INTERVAL BETWEEN ONSET AND DEATH: Chr.

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.
2/2X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF 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?

22. *I hereby certify that I attended the deceased from* Oct. 31, 1950 *to* Nov. 20, 1950, *that I last saw the deceased alive on* Nov. 18, 1950, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm R Patterson O
23b. ADDRESS: Warrensburg, Mo
23c. DATE SIGNED: 11-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL O
24b. DATE: 11-23-50
24c. NAME OF CEMETERY OR CREMATORY: BLACKWATER CEM.
24d. LOCATION (City, town, or county) (State): HOLDEN MISSOURI

DATE REC'D BY LOCAL REG.: Nov 23, 1950
REGISTRAR'S SIGNATURE: Savannah Creutzfeldt 147
25. FUNERAL DIRECTOR'S SIGNATURE: Canaday & Kopp — ADDRESS: Holden Mo

(Licensed Embalmer's Statement on Reverse Side)

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

APR 20 1951

DEC 28 1950

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 Samuel B. Rapp

Licensed Embalmer No. 4044

P. O. Address Holden, Mass

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.