

FILED JUL 12 1955

STANDARD CERTIFICATE OF DEATH

State File No. 18478

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5516 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Graniteville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Graniteville	
c. LENGTH OF STAY (In this place) 11 1/2		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) EMMA I	a. (First)	b. (Middle) SARAH	c. (Last) KITCHEN	4. DATE OF DEATH (Month) June (Day) 30 (Year) 1955
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5. SEX fem	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Feb. 12 1882	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 4 Days 16	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Belleview Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry McGill	13b. MOTHER'S MAIDEN NAME Nancy Scarbrough	14. NAME OF HUSBAND OR WIFE Charles Kitchen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alberta Francis, Graniteville Mo.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart Disease</i>		Years
	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. <i>Partial Bowel Obstruction</i>			Weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-18, 1955, to 6-30, 1955, that I last saw the deceased alive on 6-30, 1955, and that death occurred at 9:40 P. M., from the causes and on the date stated above.

23a. SIGNATURE Marvin C. Menne, M.D.	(Degree or title)	23b. ADDRESS 109 N. Main Ironton Mo.	23c. DATE SIGNED 7-5-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-2-55	24c. NAME OF CEMETERY OR CREMATORY Graniteville Cemetery	24d. LOCATION (City, town, or county) (State) Graniteville Missouri
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DATE REC'D BY LOCAL REG. July 7 - 1955	REGISTRAR'S SIGNATURE Mrs. Elizabeth Logan	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Ironton Mo.	ADDRESS
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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JUL 12 1955

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 Russell White

Licensed Embalmer No. 2412

P. O. Address San Antonio, Tex.

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.