

REC'D APR 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10960
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 349
 (b) Township Teho Primary Registration District No. 3487 Registered No. 6
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mrs. Mary Frances Kadwell

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Kadwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) unknown
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Mr. Robinson

14. BIRTHPLACE (CITY OR TOWN) unknown
 (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) unknown
 (STATE OR COUNTRY) unknown

17. INFORMANT George Kadwell
 (ADDRESS) Calhoun, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Grove Cem.
Henry Co., Mo. DATE Mar. 14 189

19. FUNERAL DIRECTOR (NAME) Huston-Turner
 (ADDRESS) Windsor, Mo.

20. FILED 3-13 1939 Mrs. A. Q. Gray
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1939, to 3-12, 1939

I last saw her alive on 3-12, 1939. Death is said

to have occurred on the date stated above, at 7:20 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
<u>Bronchitis pneumonia</u>	<u>3-9-39</u>
<u>Influenza</u>	<u>3-4-39</u>

Other contributory causes of importance: flu

Name of operation none Date of _____

What test confirmed diagnosis? physical exam Was an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Ray B Jordan, M. D.

314 (Address) Windsor, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

42

2
1

340

RECEIVED

District Health Officer No. 7,

District File Number 7-39-66

Date Filed 4-19-39

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.