

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8412**

Registration District No. **859**

Primary Registration District No. **6130**

Registrar's No. **10**

1. PLACE OF DEATH:

(a) County **Jancy**
(b) City or town **Hollister**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2**
In this community **20 years**
years, months or days (Specify whether

8. (a) PRINT FULL NAME **Vitar a Kite**

8. (b) If veteran, name war 8. (c) Social Security No.

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **R. B. Kite, Sr.** 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **May 21 1867**
(Month) (Day) (Year)

8. AGE: Years **72** Months **8** Days **22** If less than one day hr. min.

9. Birthplace **Neosho** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Eli Powers**

13. Birthplace **Jenn** (City, town, or county) (State or foreign country)

14. Maiden name **Argeline Worthington** (City, town, or county) (State or foreign country)

15. Birthplace **Jenn** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **R. B. Kite, Sr.**

(b) Address **Hollister** (City, town, or county) (State or foreign country)

17. (a) **Springfield** (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation **Hazelwood**

18. (a) Signature of funeral director **P. A. Thornbush**

(b) Address **Springfield** (City, town, or county) (State or foreign country)

19. (a) **2-14-40** (b) **John A. Baxter**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jancy**
(c) City or town **Hollister**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb**, day **13**, year **1940** hour **5** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Feb 13**, 1940, to **Feb 13**, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death **Infection of Pharynx evidently streptococci** Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **Harry T. Evans** (M. D. or other)

Address **Springfield** (City, town, or county) (State or foreign country) Date signed **2/14/40**

RECEIVED

District Health Officer No. 6,
District File Number 340-627
Date Filed MAR 5 1940

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

F. A. Thornhill

Licensed Embalmer No.

2641

P. O. Address

Branson 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, above space should be left blank.