

FILED JAN 30 1942

Registration District No. 774

Primary Registration District No. 4465

Registrar's No. 1077

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

1. PLACE OF DEATH:

(a) County St Francois  
(b) City or town Flat River Mo  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County St Francois  
(c) City or town Flat River mo  
(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.

8. (a) PRINT FULL NAME Louis B. KINDRED.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Genevieve Kindred 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: April 21 1876  
(Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business all jobs

12. Name Bartholomew Kindred

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

14. Maiden name Martha Kindred

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

16. (a) Informant Genevieve Kindred

(b) Address Flat River mo

17. (a) Burial (b) Date thereof 12-10-'41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beauregard mo

18. (a) Signature of funeral director Beardwell B...

(b) Address Flat River mo

19. (a) 12-20-41 (b) B. B. Farner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 3  
\_\_\_\_\_, 1941, to Dec 8, 1941;

that I last saw h/w alive on Dec 8, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chc myeloiditis Duration \_\_\_\_\_

Due to Hypertension

Due to \_\_\_\_\_

Other conditions 938  
(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 E H Appshery (M. D. or other) MO

Address Flat River MO Date signed 12.9.41

FEB 6 1942

RECEIVED

District Health Office No. 4  
District File Number 142-141  
Date Filed 1-9-42

**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.**