

FILED MAR 13 1945
Registration District No. 137

Primary Registration District No. 3023

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution in home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. 320 S. Third St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Georgia Kitchen
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 12
year 1945 hour 10 minute _____ P. M.
21. I hereby certify that I attended the deceased from 9/25 1944 to 2/12 1945
that I last saw her alive on 2/12 1945
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race white 6. (a) Single, widowed, married, divorced Single
7. Birth date of deceased Sept. 15 1864
(Month) (Day) (Year)

Immediate cause of death Myocardial failure
Parainfluenza of
larynx
Due to operation in 1942
Other conditions with recurrence
(Include pregnancy within 3 months of death)

8. AGE: Years 80 Months 4 Days 15 If less than one day _____ hr. _____ min.
9. Birthplace Jefferson City, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation at home

Major findings: Of operations
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Martin A. Kitchen
13. Birthplace New Jersey
(City, town, or county) (State or foreign country)
14. Maiden name Martha Jane (Kline) Ohio
(City, town, or county) (State or foreign country)
16. (a) Informant Connie Kitchen Hulse
(b) Address Hulse, Okla.
17. (a) Burial (b) Date thereof 2-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cem.
18. (a) Signature of funeral director Conrad Beck
(b) Address Clinton, Missouri
19. (a) 2-14-45 (b) Guy Kitchen, Reg.
(Date received local registrar) (Registrar's signature)

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) (Specify means of injury)
23. Signature J. O. Beck
Address Clinton Date signed 2/14/45

RECEIVED

1st Floor No. 7,

2-45-16.6

Date filed

3-4-45

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.....

J. E. Casper

Licensed Embalmer No.....

1891

P. O. Address.....

Clinton, 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, fact should be so stated above.