S. No. 2
4—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41319

FILED JAN 14 1946

State File No. 41319

Registration District No. 133 Primary Registration District No. 5486 Registrar's No. 105

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Martinsville (If outside city or town limits, write "RURAL" and name of township) No. 10 Twp
(c) Name of hospital or institution: Home in Martinsville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 80 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison 41
(c) City or town Martinsville mo city (If outside city or town limits, write "RURAL") 0
(d) Street No. City (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Laura Etta Kidwell
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife B F Kidwell Deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 13 (Day) 1860 (Year)

8. AGE: Years 85 Months 8 Days 24 If less than one day hr. min.
9. Birthplace Cole County (City, town, or county) Ill (State or foreign country)
10. Usual occupation Home Wife
11. Industry or business

MOTHER FATHER
12. Name Alonzo Edson
13. Birthplace Dent Co (City, town, or county) (State or foreign country)
14. Maiden name Patience Arbia Ferguson
15. Birthplace (City, town, or county) Ill (State or foreign country)

16. (a) Informant Roy Kidwell
(b) Address Martinsville
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Kidwell Cemetery
18. (a) Signature of funeral director W G Noble
(b) Address New Hampton Mo
19. (a) Dec 7-45 (Date received local registrar) (b) Zola Burres (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1945 hour 12 minute 15 A.M.
21. I hereby certify that I attended the deceased from June, 1945, to 11-7-, 1945; that I last saw her alive on 11-6-, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia (Terminal)	2 days
Due to Ch. Nephritis	5 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 104	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Frank H Rose (M. D. or other) M.D
Address Albany Mo Date signed 11-5-45

303 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number
Date Filed

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 me, Registered Apprentice No. 2904, working under my personal supervision.

Signed W H Noble

Licensed Embalmer No. 2904

P. O. Address Newtonsapton 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.