

FILED MAY 13 1946

Registration District No. **157**

Primary Registration District No. **2033**

Registrar's No. **74**

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:
Antesman Ave 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 **Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry**
(c) City or town **Clinton**
(If outside city or town limits, write "RURAL")
(d) Street No. **Antesman Ave**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Florea L Kinder**

3. (b) If veteran, name war **✓** 3. (c) Social Security No. **✓**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married: **widowed**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **9 11 1868**
(Month) (Day) (Year)

8. AGE: Years **82** Months **6** Days **26** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **John Craig**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Clayton Wood**

(b) Address **Clinton Mo**

17. (a) **burial** (b) Date thereof **4 9 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Fred Williams**

(b) Address **Clinton Mo**

19. (a) **4-8-46** (b) **B. B. Kenney**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **7** year **1946** hour **8** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **7-21-1944** to **4-7-1946** that I last saw **the** alive on **4-7-1946** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral embolism** Duration **3 hrs**
Fall bladder disease **2 yrs**

Other conditions (Include pregnancy within 3 months of death) **SBK**

Major findings: Of operations _____ 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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **E. O. Peltor** (M.D. or other) **MD**
Address **Clinton Mo** Date signed **4/18/46**

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

100

RECEIVED
District Office No. 7,
District File Number 4-46-412
Date Filed 5-10-46

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Cleburn, 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.