

FILED FEB 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10725

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 2023		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HENRY			
b. CITY (If outside corporate limits, write RURAL and give town or township) CLINTON		c. LENGTH OF STAY (in this place) 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) CLINTON			
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME CLINTON MO				d. STREET ADDRESS (If rural, give location) CORNER of McCLAIN + WEST ALLEN, ST			
3. NAME OF DECEASED (Type or Print) WILLIAM FRANCIS KINDRED			4. DATE OF DEATH (Month) (Day) (Year) Jan 24-49				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug 25-1872	9. AGE (in years last birthday) 76	IF UNDER 1 YEAR Months 4	IF UNDER 4 HRS. Days 29	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Junk buyer		10b. KIND OF BUSINESS OR INDUSTRY Junk Dealer		11. BIRTHPLACE (State or foreign country) Springfield Ill		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hezekiah Kindred		13b. MOTHER'S MAIDEN NAME Judith Davis		14. NAME OF HUSBAND OR WIFE Lula Kindred			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Earl Jones Clinton Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 1/2 nail DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute distension of Colon				INTERVAL BETWEEN ONSET AND DEATH 6 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Clinton Henry Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-24, 1949 to 1-24, 1949 that I last saw the deceased alive on 1-24, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above.							
23a. SIGNATURE W. C. Peeler M.D. (Degree or title)				23b. ADDRESS Clinton Mo		23c. DATE SIGNED 1/27/49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan 28-49		24c. NAME OF CEMETERY OR CREMATORY Englewood Cem		24d. LOCATION (City, town, or county) (State) Clinton Mo	
DATE REC'D BY LOCAL REG. Jan 27-49		REGISTRAR'S SIGNATURE R. R. Kenney 120		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Consalust Beck Clinton Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No.

District File Number 1-2-48-16

Date Filed 1-31-49

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

R. R. Kesmy

Licensed Embalmer No.

3099

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.