

FILED APR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8173

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3023 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>		c. LENGTH OF STAY (in this place) <u>5 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton Mo</u>		d. STREET ADDRESS (If rural, give location) <u>RR # 1.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELVIRA</u> b. (Middle) <u>KINDRED</u> c. (Last) <u>KINDRED</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 26 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 16 1877</u>	9. AGE (In years last birthday) <u>70</u> Months <u>10</u> Days <u>10</u>	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Springfield Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Richardson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Anderson</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Earl Jones</u>		ADDRESS <u>Clinton Mo</u>
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) <u>Peritoneal Carcinomatosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 Mo.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none 1587</u>				
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 7</u> , 19 <u>49</u> , to <u>March 26</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>March 26</u> , 19 <u>49</u> , and that death occurred at <u>11 40</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>S. B. Wrayles</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>3/29/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/29/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-29-49</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	FUNERAL DIRECTOR'S SIGNATURE <u>E. Consalieu</u>	ADDRESS <u>Clinton Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7
District File Number 3-49-318
Date Filled 4-4-49

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 _____

Eugene B. Conzalus Student Embalmer No. 281
working under my personal supervision.

Signed Eugene B. Conzalus
Student Embalmer

Signed J. E. Conzalus
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.