

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **17206**  
Registrar's No. **1868**

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3414 Smart Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3414 Smart Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country --

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mrs. Ela Kiddoo  
(b) If veteran, name war No  
(c) Social Security No. None

20. DATE OF DEATH: Month May day 12th  
year 1941 hour 7 minute 10 A.M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Mr. John D. Kiddoo  
(c) Age of husband or wife if alive -- years  
7. Birth date of deceased May 12 1855  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1936  
to May 11 1941  
that I last saw her alive on May 10 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 days  
and Arteriosclerosis and Chronic Distal Nephritis 5 years

8. AGE: Years 86 Months 0 Days 0  
If less than one day hr. min.

Due to Arteriosclerosis and Chronic Distal Nephritis  
Other conditions Hypertension  
(Include pregnancy within 5 months of death)

9. Birthplace Keithsburg Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business --

Major findings: Of operations X  
Of autopsy X  
PHYSICIAN 12/10  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Francis Stuebinger  
13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl R Kiddoo  
(b) Address 3414 Smart Avenue

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? --

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 14 1941  
(Month) (Day) (Year)  
(c) Place: burial or cremation Monmouth, Illinois

18. (a) Signature of funeral director D. H. Newcomer Sr  
(b) Address 1401 Brush Creek Bld

While at work? (Specify type of place) (c) Means of injury 200  
23. Signature [Signature] (M.D. or other) 200  
Address 1023 W. 9th Date signed 5/12/41

19. (a) May 12 1941 (Date received local registrar) (b) M. M. Grow (Registrar's signature)

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

1628 N. East. Queen Street  
9:30-5

**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 George M Collier  
Licensed Embalmer No. 3839  
P. O. Address K.C., 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.**