

FILED SEP 14 1946

Registration District No. **296**

Primary Registration District No. **6018**

Registrar's No. **26**

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

1. PLACE OF DEATH:
 (a) County Ray
 (b) City or town Ray Rural - Fishing River
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) _____
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 20 years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray **89**
 (c) City or town Rural - Fishing River **0**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) **0**
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME HENRY ELWOOD KIDWELL

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

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced 3

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

7. Birth date of deceased DEC 20 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>7</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Davies Co. Mo. (City, town, or county) (State or foreign country) **0**

10. Usual occupation Farmer

11. Industry or business _____

12. Name William H. Kidwell

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

14. Maiden name Lucinda Jane Bishings

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

16. (a) Informant James Kidwell

(b) Address Ray, Mo.

17. (a) Burial (b) Date thereof Aug 16 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawson Cemetery

18. (a) Signature of funeral director W. J. Jannan

(b) Address Lawson, Missouri

19. (a) 8-19-46 (b) Helem J. Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug. day 14
year 1946 hour 17 minute 05 P.M.

21. I hereby certify that I attended the deceased from Aug. 8-46
_____, 19____, to Aug. 14, 1946
that I last saw him alive on Aug 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Heart block
Duration 1 week

Due to arteriosclerosis
Due to coronary insufficiency

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____ **94A**

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? **0**

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. M. E. Craker (M. D. or other) **MD**
Address Excelsior Spring, Mo. Date signed 8-16-46

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

9-17-46

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, ~~only~~ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____ *S. S. White*

Licensed Embalmer No. *4168*

P. O. Address *Sevelier Springs*

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.