

Registration District No. **238**

Primary Registration District No. **5226**

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Lakewood, Mo. Rural, Cedar  
(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 fifty years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dade

(c) City or town Lakewood Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Alberta Armstrong Kinder

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June 25 day, year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 1, 1941, to June 25, 1941, that I last saw her alive on June 21, 1941, and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Wm H Kinder 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 1 1870  
(Month) (Day) (Year)

Immediate cause of death myocardial infarction  
Diabetes

Due to \_\_\_\_\_

Due to 61

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

70 6 24 hr. min.

9. Birthplace Logan Co. Ky 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name J. K. Armstrong

13. Birthplace Ky 1  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Wood Ky 1  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Olga Kinder

(b) Address Lakewood Mo Rt 1

17. (a) Burial (b) Date thereof 6-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove

18. (a) Signature of funeral director Walter Caldwell

(b) Address Lakewood Mo Rt 1

19. (a) 7-10-41 (b) J. H. Wray 215  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. O. Cowan (M. D. or other) D  
Address Chicago Ill Date signed 7-10-41

RECEIVED

District Health Officer No. 6,

District File Number 741-1224

Date Filed JUL 15 1941

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:

*E. J. Caldwell*

Licensed Embalmer No. 3380

P. O. Address Lockwood, 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.