

S. No. 2
M-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31324**

FILED OCT 6 1943 47

Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **314**

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
300 West Fifth
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Lifetime
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Fulton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 300 West Fifth
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM T. KITE
 (b) If veteran, name war No (c) Social Security No. 489-09-8345

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Sept. 14 1879
 (Month) (Day) (Year)

8. AGE: Years 64 Months 0 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Fulton, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business Coal-Mining

MOTHER FATHER
 12. Name Thomas Kite
 13. Birthplace England
 (City, town, or county) (State or foreign country)
 14. Maiden name Jane Castle
 15. Birthplace England
 (City, town, or county) (State or foreign country)

16. (a) Informant Alice Kite
 (b) Address 300 W. Fifth, Fulton, Mo

17. (a) Burial (b) Date thereof 9/26/43
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pioneer Cem. Fulton.

18. (a) Signature of funeral director Geo G Wallace
 (b) Address Fulton, Missouri.

19. (a) 9-26-1943 (b) Joan Morant Koff
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24
 year 1943 hour 8 am. minute _____ M.
 21. I hereby certify that I attended the deceased from on Sept 24
1943 to one visit 19____
 that I last saw him alive on Sept 24 1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral hemorrhage Duration _____

Due to Atherosclerosis & hypertension
 Due to _____

Other conditions (Include pregnancy within 3 months of death) 8301

Major findings: Of operations _____
 Of autopsy _____

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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address Fulton Date signed 9/25/43

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

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1
2

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..... Ernest E. White

Licensed Embalmer No. 7168

P. O. Address..... Fulton, 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.