

FILED APR 28 1944

State File No. _____

Registration District No. 224

Primary Registration District No. 30465776 Registrar's No. 169

1. PLACE OF DEATH:

- (a) County Monteau
 (b) City or town Walker Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether

In this community all his life
years, months or days)3. (a) PRINT FULL NAME John Henry Kindle

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex Male 5. Color or H 6. (a) Single, widowed, married,
 race White divorced 1

6. (b) Name of husband or wife Alice Kindle 6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased Aug 4 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>8</u>	<u>1</u>	hr. min.

9. Birthplace Ohio
(City, town or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name Jessie Kindle
 13. Birthplace Ohio
 (City, town or county) (State or foreign country)
 14. Maiden name Mary Ellen Father
 15. Birthplace Ohio
 (City, town or county) (State or foreign country)

16. (a) Informant Velma Kindle(b) Address California Mo17. (a) Burial (b) Date thereof 4/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Springfield Cemetery18. (a) Signature of funeral director William F. Friedman(b) Address California Mo19. (a) 4-5-44 (b) W. J. Galley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Monteau
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 5
year 1944 hour 12 minute 30 A M.21. I hereby certify that I attended the deceased from 1-10-1944 to 4-5-1944that I last saw him alive on 4-4-1944
and that death occurred on the day and hour stated above.Immediate cause of death Chronic Valvular Durationheart troubleinterossclerosisDue to General debilityDue to 92dOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations NoneOf autopsy No

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 H. R. Popejoy M.D. (M. D. or other) OAddress California Mo Date signed _____

RECEIVED

District Health Officer No. 9,

District File Number 5

Date Filed 4-27-44

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 H.E. Friedmeyer
2854

Licensed Embalmer No. 2854

P. O. Address California 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.