

Registration District No. **336**

Primary Registration District No. **6137**

**1. PLACE OF DEATH:**

(a) County **SHANNON**  
(b) City or town **WINONA - RURAL**  
(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.  
In this community \_\_\_\_\_ years, months or days

**3. (a) PRINT FULL NAME** **John M Kidd**

3. (b) If veteran, name war **No**  
3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **W**  
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 **10 2 1896**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **6** Days **21**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **ENGINEER**

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

12. Name **Henry Kidd**

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

14. Maiden name **Linda Jewe**

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

16. (a) Informant **Ruth Wiggins**

(b) Address **WINONA - MO**

17. (a) **Burial** (b) Date thereof **4-24-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MURCEL-Cemetary**

18. (a) Signature of funeral director **None**

(b) Address \_\_\_\_\_

19. (a) **554** (b) **Walter Rael**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Shannon**  
(c) City or town **WINONA - 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 **23** day **april**  
year **1947** hour **4:45 AM** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **4-12** 1947 to **4-23** 1947  
that I last saw him alive on **4-23** 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death **Anasarca** Duration **6 MTS**  
Due to **myocarditis** **12. MTS**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: **93D**  
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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature **H. T. Eudy** (M. D. or other) **MD**  
Address **Exumena mo** Date signed **4-23-47**

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

MOTHER FATHER

RECORDED  
INDEXED  
APR 6 1948  
District File Number 547228  
Date Filed 270-47

EX APR 8 1948  
APR 8

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**