

REC'D OCT 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
1
CERTIFICATE OF DEATH

31670

Do not use this space.

1. PLACE OF DEATH

(a) County Boone 1 Registration District No. 73
(b) Township _____ Primary Registration District No. 3006 Registered No. 213
(c) City Columbia (d) Street No. Boone County Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

SARAH VIRGINIA KENNAN 550
(a) Residence, No. Centralia, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

James A. Kennan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

2-2-1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

88

7

16

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Boone County Missouri

FATHER

13. NAME Hugh Stevier

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

MOTHER

15. MAIDEN NAME Agnes Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

17. INFORMANT (ADDRESS)

Jace Kennan, Charlottesville, Virginia

18. BURIAL, CREMATION, OR REMOVAL

PLACE Columbia Cem DATE 9-19, 1938

19. FUNERAL DIRECTOR (ADDRESS)

Parker's Columbia, Mo.

20. FILED

9/19/38 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/14, 1938, to 9/18, 1938.

I last saw him alive on 9/18/38, 1938. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive pneumonia Date of onset

Other contributory causes of importance:

Fracture hip

Name of operation none Date of _____
What test confirmed diagnosis Phys Exam _____ on autopsy no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 9/11, 1938

Where did injury occur? Columbia Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury In home

Nature of injury Fall on rug

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) [Signature] M. D.

74 (Address) Centralia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, W. N. Whitman, Licensed Embalmer No. 3893

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. N. Whitman

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed W. N. Whitman

Licensed Embalmer No. 3893

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.)