

RECORDED MAY 12 1939

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

14361
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township Poplar Bluff Primary Registration District No. 3007
(c) City Poplar Bluff, Mo. (d) Street No. Lucy Lee 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 530 Reba Alice Kennedy

(a) Residence, No. Junland 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 7 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Greene Co.
(STATE OR COUNTRY) Arkansas

FATHER 13. NAME Wm. Breswell
14. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Cordia Becks
16. BIRTHPLACE (CITY OR TOWN) Johnson Co.
(STATE OR COUNTRY) Illinois

17. INFORMANT Earl Kennedy
(ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Friendship DATE 4/30 1939

19. FUNERAL DIRECTOR (NAME) Greer-Croy Service
(ADDRESS) Poplar Bluff, Mo.

20. FILED 4/30 1939 [Signature]
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1939, to April 28, 1939

I last saw her alive on April 28, 1939 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Uremia and Renal Insufficiency

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

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

If so, specify [Signature], M. D.

(Address) Poplar Bluff, Missouri.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

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

Prover W. Green

Licensed Embalmer No. *2964*

P. O. Address *P. B. 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14261
Registrar's No. 108

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County Bentley
(b) City or town Poplar Bluff
(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 _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County 14261
(c) City or town _____ (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 Reba A. Kennedy
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year
7. Birth date of deceased. (Month) (Day) (Year)

20. DATE OF DEATH Month Apr, 28, 29 - 39 -
year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: 79 Years Months 9 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death Renal Insufficiency
Due to I am unable to recall the circumstances involved here.
Other conditions from photo
(Include pregnancy within 3 months of death)

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Place: burial or cremation)
18. (a) Signature of funeral director _____ (b) Address _____
19. (a) 5-5-40 (b) Obeltinger
(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?
While at work? _____ (Specify type of place) _____
Means of injury _____
23. Signature J. M. M. S. Pheters (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

