

REC'D MAY 18 1939

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

15924

Do not use this space.

## 1. PLACE OF DEATH

(a) County Ripley Registration District No. 750  
 (b) Township Shilley Primary Registration District No. 6246  
 (c) City ..... (d) Street No. .... 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

550 Nellie Kennon  
 (a) Residence, No. Shilley Sup. Ripley Co. 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) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom, J. Kennon  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-17-1909  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
29 8 17  
 OCCUPATION 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) (STATE OR COUNTRY) Ripley Co, Missouri

FATHER 13. NAME Prosser Halland

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

MOTHER 15. MAIDEN NAME Hobbs

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

17. INFORMANT J. J. Kennon  
(ADDRESS) Briar Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Burlison Cem. DATE 2-4-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jordan, Doughan

20. FILED 2-5-39 C. B. Johnston  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-1939, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 29, 1939, to February 3, 1939  
 I last saw him alive on February 3, 1939. Death is said to have occurred on the date stated above, at 8:00 p. m.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset

Other contributory causes of importance: None

Name of operation none Date of .....  
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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 no  
 (Signed) J. H. Williams, M. D.  
 (Address) Doughan, Mo.

*Willie*

STATEMENT BY LICENSED EMBALMER  
TO BE FILED IN THE RECORDS OF THE  
DEPARTMENT OF HEALTH

**STATEMENT BY LICENSED EMBALMER**

*not embalmed*

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 *J. E. Jordan*

Licensed Embalmer No. *3200*

P. O. Address *Douglas*

**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.**