

REC'D JUN 8 1939

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

19456

Do not use this space.

## 1. PLACE OF DEATH

(a) County Pettis Registration District No. 668  
 (b) Township \_\_\_\_\_ Primary Registration District No. 30320  
 (c) City Sedalia (d) Street No. 310 East 7th. Registered No. 159  
 (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 557 Jennie Maud Kennon

(a) Residence, No. 310 East 7th. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sidney B. Kennon</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 2, 1872</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>1</u>
		DAYS
		<u>13</u>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>	
	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) <u>Missouri</u>		
FATHER	13. NAME <u>Emmett H Purdy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mich.</u>	
MOTHER	15. MAIDEN NAME <u>Mary E. Earp</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
17. INFORMANT (ADDRESS) <u>Duncan Kennon Sedalia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Hill</u> DATE <u>May 16, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Gillespie Funeral Home Sedalia, Mo.</u>		
20. FILED <u>5-17-39</u> <u>Mrs. H. Sneed</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 193922. I HEREBY CERTIFY, That I attended deceased from May 3 1939 to May 13 1939.

I last saw her alive on May 13 1939. Death is said to have occurred on the date stated above, at 6 A. m. 5-15-39  
 The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis.  
Deformed Sclerotic + myocarditis.  
9381

Date of onset

Other contributory causes of importance:

Essentially run down  
system following long  
heart ailment

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 \_\_\_\_\_

(Signed) R. J. Campbell, M. D.906 (Address) Sedalia, Mo.

**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, .....

Geo. Dillard ....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Geo. Dillard*

Licensed Embalmer No. 3868 .....

P. O. Address Sedalia, 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.**