

STANDARD CERTIFICATE OF DEATH

State File No. 33088

Registration District No. 409

Primary Registration District No. 4363

Registrar's No. 123

OCT 19 1939

1. PLACE OF DEATH:
 (a) County Newton
 (b) City or town Neosho
 (c) Name of hospital or institution: Sale-Bowman Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 (Specify whether
 In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County McDonald
 (c) City or town Goodman
 (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 Anna May Kennedy 530
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 28
 year 1939 hour 8 minute 10 P.M.

4. Sex Female **5. Color or race** White **6. (a) Single, widowed, married, divorced** Widow
6. (b) Name of husband or wife Judson Kennedy **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased March 11 1862
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 25, 1939 to Sept. 28, 1939
 that I last saw her alive on Sept. 28, 1939
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 6 17 _____ hr. _____ min.

Immediate cause of death Lobar pneumonia Duration 3 days

9. Birthplace Not known
 (City, town, or county) (State or foreign country)

Due to Coryza
 Due to _____
 Other conditions None
 (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: None
 Of operations _____
 Of autopsy None

11. Industry or business _____
MOTHER { **12. Name** John Pearson
FATHER { **13. Birthplace** Not known
 (City, town, or county) (State or foreign country)
14. Maiden name Jane Dunlap
15. Birthplace Not known
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) None
 (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)

16. (a) Informant's own signature Anna May Hill
(b) Address Goodman, Mo.

While at work? _____ (Specify type of place)
 (e) Means of injury _____

17. (a) Goodman, Mo. **(b) Date thereof** Sept. 28, 1939
 (Usual, temporary, or funeral) (Month) (Day) (Year)
(c) Place: burial or cremation Anderson, Mo.

18. (a) Signature of funeral director Charl W. Williams
(b) Address Goodman, Mo.

23. Signature Anna A. Sale (M. D. or other) _____
Address Neosho, Mo. **Date signed** 9-28

19. (a) 9-28-39 **(b) Anna A. Sale, M.D.**
 (Date received local registrar) (Registrar's signature)

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.

RECEIVED

District Health Officer No. 6,

District File Number 1039-2098

Date Filed OCT 11 1939

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, above space should be left blank.