

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39734

Registration District No. 334

Primary Registration District No. 549

5465

Registrar's No. 76

1. PLACE OF DEATH:

(a) County Harrison 2
(b) City or town Bethany Township
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

8. (a) PRINT FULL NAME MARY P. KENNEDY 5:0

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Kennedy 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8 17 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 0 hr. _____ min.

9. Birthplace Harrison Co. Ms.
(City, town, or county) (State or foreign country)

10. Usual occupation _____ 0

11. Industry or business _____ 9

12. Name Bennett Strait

13. Birthplace Do not know 1
(City, town, or county) (State or foreign country)

14. Maiden name Do not know

15. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Harvey Lewis

(b) Address Bethany, Mo.

17. (a) Funerary (b) Date thereof 11 18 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary cemetery

18. (a) Signature of funeral director J. M. Haas

(b) Address Bethany, Mo. 315

19. (a) 11-30-39 (b) St. P. Weiler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Harrison

(c) City or town Bethany, Mo.
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 17
year 1939 hour 1:00 minute 8 P. M.

21. I hereby certify that I attended the deceased from no doctor in attendance for two years and that death occurred on the date and hour stated above.

Immediate cause of death Admission's disease - 3 yrs - since 1936

Due to _____

Due to _____

Other conditions _____

Major findings: Of operations None

Of autopsy none

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) (e) Manner of injury _____

28. Signature W. H. Broyles (M. D. or other) 1
Address Bethany, Mo. Date signed 11-18-39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

STATE OF ILLINOIS
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CHICAGO, ILLINOIS

Death Certificate No. 111
Serial File Number 1239-1681

Date Filed DEC 9 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.