

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

40469

Do not use this space.

1. PLACE OF DEATH
 (a) County Pemiscot Registration District No. 1029
 (b) Township Wardell Primary Registration District No. 1868 Registered No. _____
 (c) City or _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Ophelia Palmer Kaykendoll
 (a) Residence, No. Wardell, Pemiscot, Missouri 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Kaykendoll

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-14-1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, or min.
	<u>43</u>	<u>0</u>	<u>21</u>	

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. Home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 20yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Water Valley Mississippi

FATHER
 13. NAME Mose Palmer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Water Valley Mississippi

MOTHER
 15. MAIDEN NAME Amanda Jones
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Water Valley Mississippi

17. INFORMANT (ADDRESS) James Kaykendoll Wardell, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell, Mo DATE Nov-8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom J. Smith
Wardell, Mo

20. FILED Nov 20 1939 J. L. Treasy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-4, 1939, to 11-7, 1939
 I last saw her alive on 11-7, 1939 Death is said to have occurred on the date stated above, at 4:20 P.M.
 The principal cause of death and related causes of importance were as follows:
Involuntional Melancholia Date of onset 4-1-39
Malnutrition
 Other contributory causes of importance: 84

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. A. Busenberger, M. D.
 (Address) Wardell, Mo

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. 3,

District File Number 1239-67

Date Filed 12/4/39

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.