

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

11588

Registration District No. 1084

Primary Registration District No. 5642

Registrar's No.

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Rural - Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2

In this community 9 months (Specify whether years, months or days) 5 20

3. (a) PRINT FULL NAME MILDRED E KENNEDY

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow

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

alive _____ years
7. Birth date of deceased 1 22 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>1</u>	<u>11</u>	_____ hr. _____ min.

9. Birthplace Linn Co mo (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

12. Name James E. Merrick

13. Birthplace Linn Co mo (City, town, or county) (State or foreign country) 0

14. Maiden name Nancy E Vanhook

15. Birthplace Linn Co mo (City, town, or county) (State or foreign country) 0

16. (a) Informant's own signature Blair Bennett

(b) Address Laredo mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 8 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Dry Ridge cemetery

18. (a) Signature of funeral director E. J. Robertson

(b) Address Jackson mo.

19. (a) March 27 1940 (Date received local registrar) (b) Dea. Cookshank (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Humphrey (If outside city or town limits, write "RURAL") 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 Mar. day 6 year 1940 hour 5 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan 20, 1940, to Mar 5, 1940; that I last saw her alive on Mar 5, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Esophagus Duration 1.5

Due to _____

Due to _____

Other conditions General Anemia (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? 455

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. R. McArdle M.D. (M. D. or other)

Address Lawrence mo Date signed _____

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.

U. S. G. P. 16-41351

RECEIVED

District Health Officer No. 10

District File Number 4-40-785

Date Filed APR 9 1940

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 E. J. Robertson

Licensed Embalmer No. 2468

P. O. Address Fairfax, Md.

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.