

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.

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Moberly mo
 (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) 2
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community 2 weeks
 years, months or days _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
 (c) City or town Moberly 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.

3. (a) PRINT FULL NAME SARA H. MARTHA KENOYER

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

4. Sex Female 5. Color or race w 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive, years _____

7. Birth date of deceased Dec 31, 1925
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Mason Co Mo. 15
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name J. C. Tuggle
 13. Birthplace Don't know (City, town, or county) (State or foreign country)
 14. Maiden name May Ann Parkister
 15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. Fred Kenoyer

(b) Address 821 Mountain Moberly mo

17. (a) Burial (b) Date thereon Mar 26 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville mo

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville mo

19. (a) Mar 26 1948 (b) Paul Williams
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25 year 1948 hour _____ minute _____

21. I hereby certify that I attended the deceased from Mar 12, 48 to Mar 25, 48
 that I last saw her alive on Mar 21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia Duration 1 1/2 hr

Due to _____
 Due to _____

Other conditions Parkinsons Disease
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy
 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? _____

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

23. Signature L. O. Dickell (M. D. or other) _____
 Address Moberly mo Date signed 3/30/48

RECEIVED

District Health Officer No. 10

District File Number 4-40-880

Date Filed APR 16 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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.