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No. 2
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FILED JUN 22 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19295

Registration District No. 712 Primary Registration District No. 5941 (5941) Registrar's No. 16

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

1. PLACE OF DEATH:
(a) County Pulaski Co. 20
(b) ~~City or town~~ Waynesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Route 1 Liberty, Pa.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 years. years, months or days) 5 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pulaski
(c) City or town Waynesville Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 1 Liberty Pa. (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME PEARL KENNEDY

3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred Kennedy.
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Nov (Month) 1st (Day) 1890 (Year)

8. AGE: Years 49 Months 6 Days 27. If less than one day hr. min.

9. Birthplace Dearborn Platt Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James H. Sharp
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Ferguson
15. Birthplace Dearborn (City, town, or county) Mo (State or foreign country)
16. (a) Informant Fred Kennedy
(b) Address Waynesville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/40 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn
18. (a) Signature of funeral director R B Teeper
(b) Address Richland Mo.
19. (a) May 28/940 (Date received local registrar) (b) Everett A. Oliver. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1940 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 11 1940, to May 28, 1940 that I last saw her alive on May 27, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Failure	1 day
Due to Organic Valvular lesion	6 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

92 V

Major findings:
Of operations
Of autopsy no

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? (Specify type of place)
While at work? (e) Means of injury
640

23. Signature Everett A. Oliver (M. D. ~~or other~~) 1
Address Richland Mo. Date signed May 28/940

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Office No. 5,
District File Number 640 617
Date Filed 6 6 40

Signed [illegible]

Licensed Embalmer No. 3198

P. O. Address Rickland Mo

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.