S. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22420

Registration District No. JUL 22 1940

Primary Registration District No. 4373

Registrar's No. 5

1. PLACE OF DEATH

(a) County Nodaway Unknown

(b) City or town Barnard 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)

(d) Length of stay: In hospital or institution None (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County N

(c) City or town Rural
(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 Elizabeth Frances Kennedy

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife
1. Christian McCallon
2. Joseph Kennedy

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 17 (Day) 1858 (Year)

8. AGE: Years 82 Months 3 Days 24 If less than one day hr. min.

9. Birthplace Andrew County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

FATHER
12. Name Enoch P. Eden
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Louisa Thornbury
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant W. H. McCallon
(b) Address Tilmore Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Filmore Cemetery

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 251 South Main Maryville Mo

19. (a) July 13 1940 (Date received by local registrar) (b) Nyss Ed Black (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1940 hour 3 minute 30 a M.

21. I hereby certify that I attended the deceased from 4 1930 to July 11 1940 that I last saw him alive on July 11 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis	10 Years
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. L. Holliday (M. D. or other) M.D.
Address Freeman Mo Date signed 7-12-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 740-1247
Date Filed JUL 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 W. Dean Campbell, Registered Apprentice No. _____ working under my personal supervision.

Signed W. Dean Campbell

Licensed Embalmer No. 2620

P. O. Address Maryville 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.