S. No. 2
—11-10-39
. 5-17-39
I X21492

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

FILED JUL 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22951

Registration District No. 821 Primary Registration District No. 4553 Registrar's No.

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Sikeston (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 243 Edmondson Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 6-1-4

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Scott
(c) City or town: Sikeston (If outside city or town limits, write "RURAL")
(d) Street No.: 243 Edmondson Street (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME: Flora Mae Kernell

8. (b) If veteran, name war: No

8. (c) Social Security No.: No

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Geo. Kernell

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

7. Birth date of deceased: December (Month) 24 (Day) 1886 (Year)

8. AGE: Years 53 Months 5 Days 7 If less than one day hr. min.

9. Birthplace: Obion County (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Charles Clark
13. Birthplace: Stoddard Co, Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Nora Jones
15. Birthplace: Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant: George Edwards
(b) Address: Blytheville, Arkansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/40 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery, Sikeston Mo

18. (a) Signature of funeral director: Shirley & Johnson
(b) Address: Sikeston, Mo

19. (a) 7-5-40 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1940 hour 1:00 minute P M.

21. I hereby certify that I attended the deceased from May 27, 1940 to June 1, 1940; that I last saw her alive on June 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Right Cerebral Hemorrhage — Duration: 10 hr
Due to: Hypertension — Duration: not known
Due to:
Other conditions (Include pregnancy within 3 months of death): 52 W

Major findings:
Of operations:
Of autopsy: none

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): no
(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. G. Henderson (M. D. or Other)
Address: Sikeston Date signed 6-13-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 740-121
Date Filed 7/8/40

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: Harvey S. Johnson

Licensed Embalmer No. 3704

P. O. Address: Sikeston, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.