

No. 2
4-13-40
5-17-39
I X23150

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2967

State File No. _____

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St John Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether

In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City
(If outside city or town limits, write "RURAL")

(d) Street No. 602 N. Tom Street
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Robert C. Kennett

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 21, 1925
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>15</u>	<u>7</u>	<u>7</u>	hr. _____ min.

9. Birthplace Commerce Okla.
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

12. Name Robert Kennett

13. Birthplace Nodata Nodata
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Pitman

15. Birthplace No Data No Data
(City, town, or county) (State or foreign country)

16. (a) Informant S A Fair

(b) Address Webb City, Mo.

17. (a) Burial (b) Date thereof 1/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Hedge-Nelson

(b) Address Webb City, Mo.

19. (a) 1-28-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day January
year 1941 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from 1-27-41
_____, 19____, to 10:00 A.M. 1028 41

that I last saw him alive on 1-28-41, 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death Meningitis

Due to mastoiditis abscess

Due to otitis media

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations Extra dural abscess

Of autopsy not performed.

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)

23. Signature WILFRED L. POST, MD (M. D. or other) _____

Address 407 Frisco Bldg. Joplin Date signed 1-28-

Dysuria 30 min

94?

94.

PHYSICIAN

Underline the cause to which death should be charged statistically.

41-2-190

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.....

E. D. Hedge

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

E. D. Hedge

Licensed Embalmer No.

2859

P. O. Address.....

St. Louis, 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, fact should be so stated above.