DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6422

FEB MAR 11 1949

Registration District No. 89 — Primary Registration District No. 3007 — Registrar's No. 60

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff, 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 ____ (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Poplar Bluff 7 (If outside city or town limits, write "RURAL")

(d) Street No. 1105 Garfield 3 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Teddy Kenney

3. (b) If veteran, name war infant

3. (c) Social Security No. ____

4. Sex Male

5. Color or race C

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased Jan (Month) 20 (Day) 1941 (Year)

8. AGE: Years ____ Months ____ Days 26 If less than one day ____ hr. ____ min.

9. Birthplace Poplar Bluff (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Infant

11. Industry or business ____

FATHER
12. Name Jerald Kenney
13. Birthplace Butler County, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Lee Ellis
15. Birthplace Marianna (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant's own signature Mrs. Roy Kenney

(b) Address 1305 Benton St.

17. (a) Butial (Burial, cremation, or removal) (b) Date thereof Feb. 10 41 (Month) (Day) (Year)

(c) Place: burial or cremation County Farm

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Mo.

19. (a) 2/10/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10 year 1941 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death apparently malnutrition - child very small & very weak from birth - no physician in attendance

Due to Information furnished by mother and grandmother

Other conditions (Include pregnancy within 3 months of death) Mrs Roy Kenney

Major findings: Of operations ____

Of autopsy ____ 158

Duration

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 Kate Lutz Registrar (M. D. or other)

Address Poplar Bluff Mo. Date signed 2/10/41

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 8-17-39 1 X19511

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.....

Licensed Embalmer No.....

P. O. Address.....

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.