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FILED AUG 29 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27720

Registration District No. 26

Primary Registration District No. 5034

Registrar's No. 113

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
R. F. D. #4 Mexico (Country Road)
(If not in hospital or institution, write street number or location)

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

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town E. Promenade Mexico
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Churchill B. Kennen

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 8
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him alive on August 1st 19____
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S N

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

7. Birth date of deceased: April 2, 1881
(Month) (Day) (Year)

Immediate cause of death: accidental death from gun shot wound

Due to _____

Due to _____

Other conditions (includes pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

60	3	26	hr. _____ min. _____
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9. Birthplace: Mexico, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William P. Kennen

13. Birthplace Boone Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Cordelia Jenkins

15. Birthplace Boone Co Missouri
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Mason Cauthorn

(b) Address Mexico, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-41
(Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Missouri

18. (a) Signature of funeral director Wm. Amodeo

(b) Address Mexico, Missouri

19. (a) July 9-1941 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence July 8 1941

(c) Where did injury occur? Mexico, Audrain Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on public road

While at work? no (Specify type of place) (e) Means of injury gun shot

23. Signature Ed. Shannon (M.D. or other) _____
Address Acting Coroner, Mexico Mo. Date signed 7-9-41

23 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 8-41-1548

Date Filed AUG 20 1941

FEB 15 1954

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. 3569

P. O. Address Murres, N

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.