

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

2  
41  
39  
350

DEC 1 1941

Primary Registration District No. 4172

Registrar's No. 440

1. PLACE OF DEATH:

(a) County *Dunklin Mo.*

(b) City or town *Kennett Mo.*  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: *Three weeks*  
(Specify whether in this community *About thirty years* years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo.* (b) County *Dunklin*

(c) City or town *Kennett Mo. R.R. 2*  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME *Marian Edward Kegley*

3. (b) If veteran, name war. *1*

3. (c) Social Security No. *no*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Sept* day *21* year *1941* hour *7* minute *a* M.

21. I hereby certify that I attended the deceased from *9-1-41* 19... to *9-21* 1941  
that I last saw h. *im* alive on *9-21-41* and that death occurred on the date and hour stated above.

4. Sex *Male* 5. Color or race *White*

6. (a) Single, widowed, married, divorced *Married*

6. (b) Name of husband or wife *Lula Kegley* 6. (c) Age of husband or wife if alive *53* years

7. Birth date of deceased *Aug 18 - 1874*  
(Month) (Day) (Year)

Immediate cause of death: *Uremia poisoning caused from urinary retention hypertrophic prostatitis glomerular nephritis.*

Due to *1370*

Other conditions (Include pregnancy within 3 months of death) *1370*

8. AGE:	Years	Months	Days	If less than one day
	<i>67</i>	<i>1</i>	<i>3</i>	hr. min.

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

10. Usual occupation *Farmer*

11. Industry or business .....

MOTHER { 12. Name *James M. Kegley*

FATHER { 13. Birthplace *Va*  
(City, town, or county) (State or foreign country)

14. Maiden name *Lastey*

15. Birthplace *Mo*  
(City, town, or county) (State or foreign country)

Major findings: *Marked enlarged prostate fibrotic.*

Of operations .....

Of autopsy .....

Underline the cause to which death should be charged statistically.

16. (a) Informant *Mrs Lula Kegley*

(b) Address *Kennett Mo. R.R. 2*

17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof *9-22-41*  
(Month) (Day) (Year)

(c) Place: burial or cremation *Oak Ridge Cem*

18. (a) Signature of funeral director *John Blankenship*

(b) Address *Kennett Mo.*

19. *Nov 29 1941* (Date received local registrar) *John Blankenship* (Registrar's signature)

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) .....

(e) Means of injury .....

23. Signature *J. P. Freeman* (M. D. or other) *M.D.*

Address *Kennett, Missouri* Date signed *11-26-1941*

901

RECEIVED

District Health Office No. 2

District File Number 1241-1653

Date Filed 12/9/41

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 *A.C. Landell*

Licensed Embalmer No. *218*

P. O. Address *Kennett Mo*

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

If this body is not embalmed, fact should be so stated above.