. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41690

Registration District No. 218 Primary Registration District No. 3015 Registrar's No. 153

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Boonville O.F. (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 6 Weeks (Specify whether

In this community 5 Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27

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

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

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

If yes, name country —

3. (a) PRINT FULL NAME Mrs Pearl Kenney

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J.E. Kenney

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April (Month) 15 (Day) 1882 (Year)

8. AGE: Years 59 Months 7 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home.

FATHER
12. Name Avery Sawyer.
13. Birthplace (City, town, or county) New York. (State or foreign country)

MOTHER
14. Maiden name ? Mullener.
15. Birthplace (City, town, or county) Unknown. (State or foreign country)

16. (a) Informant J.E. Kenney.

(b) Address Boonville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Pleasant Cem

18. (a) Signature of funeral director Goodman & Boller

(b) Address Boonville, Mo.

19. (a) 12-15-41 (Date received local registrar) (b) D.E. Cooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-5-41, 19 to 12-12-41, 19; that I last saw her alive on Dec 12, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Multiple emboli to lower extremities & cerebrum

Due to Fibrillation, auricular

Due to Degenerative heart disease.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy

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 0

23. Signature Wesley A Garton (M. D. or other)

Address Boonville, Mo. Date signed 12-15-41

197

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-9-42

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 J. H. Goodman
Licensed Embalmer No. 1178
P. O. Address Boonville, 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.