

FILED MAR 19 1942
Registration District No. **1464**

Primary Registration District No. **5156**

400
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **CALLAWAY**
(b) City or town **BURTON TOWNSHIP**
(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
In this community **LIFE** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **CALLAWAY**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **STEPHENS R.F.D.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **J. T. KENNETT**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **NONE**

4. Sex **MALE** () 5. Color or race **White**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **SARAH JAMISON**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **JAN 18 1855**
(Month) (Day) (Year)

8. AGE: Years **87** Months **1** Days **1**
If less than one day _____ hr. _____ min.

9. Birthplace **CALLAWAY CO. MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business _____
12. Name **NEHEMIAH KENNETT**
13. Birthplace **U.R. I**
(City, town, or county) (State or foreign country)
14. Maiden name **ANN FICKLIN**
15. Birthplace **CALLAWAY CO. MO. I**
(City, town, or county) (State or foreign country)

16. (a) Informant **FARREST KENNETT**
(b) Address **STEPHENS, MO**

17. (a) **BURIAL** (b) Date thereof **FEB 20 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **MILLERSBURG CEMETERY**

18. (a) Signature of funeral director **Wm J. Manning**
(b) Address **700 Court St. Fulton, Mo.**
19. (a) **2-20-42** (b) **Jose Morozoff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **19** year **1942** hour **about 10** a.m.
21. I hereby certify that I attended the deceased from **June 14** 19**40** to **FEB 19** 19**42**
that I last saw him alive on **Jan 11** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocarditis
Arterio-Sclerotic
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **97**
Of autopsy _____
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?

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature **R. N. Sees** (M. D. or other) _____
Address **Fulton** Date signed **2/19/42**

APR 30 1942

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.....

Glen Y. Karpis

Licensed Embalmer No. *27215*

P. O. Address.....

Fulton, 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.