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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15032

State File No.

Registration District No. 605 Primary Registration District No. 4359 5804 Registrar's No. 5804

72
5
0

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Parma Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 3 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Parma Mo. 72
(If outside city or town limits, write "RURAL")
(d) Street No. S-E Section of town 5
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Brown Kennedy
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife Bessie Kennedy
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased May (Month) 9 (Day) 1884 (Year)

8. AGE: Years 57 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Tennessee (City, town, or county) 1 State (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 7 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 7 (State or foreign country)
16. (a) Informant Rev. Irskin Crawford
(b) Address Parma Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 19-42 (Month) (Day) (Year)
(c) Place: burial or cremation McMullen Cemetary
18. (a) Signature of funeral director Watkins Fun. Service
(b) Address Parma Mo.
19. (a) April 19-42 (Date received local registrar) (b) Mis S B Radewaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year hour 5 a.m. minute M.
21. I hereby certify that I attended the deceased from March 5, 1942 to April 12, 1942
that I last saw h alive on April 12, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acut Cordillis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93e	
Major findings: Of operations	
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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature J F Watson (M. D. or other)
Address Sikeston Mo. Date signed

10028 (Licensed Embalmer's Statement on Reverse Side)

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 B. J. Brentlinger

Licensed Embalmer No. 4205

P. O. Address Dexter, 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.