

Registration District No. 750

Primary Registration District No. 5991

1. PLACE OF DEATH:

(a) County Ripley  
(b) City or town 7 1/2 mi. S.E. of Doniphan  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: at home - 1 Rental House  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community native born (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ripley 91  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL") 0  
(d) Street No. Rural (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME

Syntha Ann Kennedy

3. (b) If veteran name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
year 1942 hour \_\_\_\_\_ minute 5 a.m. / p.m.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_

that I last saw her, alive on 6-25-42 19\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Pneumonia, Lobar,

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 108

Major findings:

Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. Williams (M. D. or other) 7/1/42  
Address Doniphan Mo. Date signed 7/1/42

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married divorced married

6. (b) Name of husband or wife Wm. H. Kennedy 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Sept 19-1886  
(Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Culman Co. Alabama  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Noah Bourgett

13. Birthplace Alabama  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Thompson

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

16. (a) Informant W. H. Kennedy

(b) Address Doniphan Mo. R-

17. (a) Burial (b) Date thereof 7-1-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Center Hill Cemetery

18. (a) Signature of funeral director J. Jordan

(b) Address Doniphan Mo.

19. (a) 6-30-42 (b) E. J. Johnson  
(Date received local registrar) (Registrar's signature)

674 (Licensed Embalmer's Statement on Reverse Side)

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

9100

RECEIVED

District Health Officer No. 5,

District File Number 742547,

Date Filed 8-11-42

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. E. Jordan

Licensed Embalmer No. 3200.

P. O. Address Bonham, 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.**