

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 312

FILED DEC 11 1942

Registration District No. Primary Registration District No. 3000

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

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Kennedy Apts. - Elson & McPherson St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 75 years
(Specify whether years, months or days)

In this community 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

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

(d) Street No. Elson & McPherson St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Carrie Kennedy

3. (b) If veteran, name war. 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan. 3 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 10 16 br. min.

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

10. Usual occupation Real Estate

11. Industry or business

MOTHER FATHER { 12. Name Valentine Miller

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

14. Maiden name Margaret Class

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

16. (a) Informant Karl Miller

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 11-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Llewellyn Cemetery

18. (a) Signature of funeral director DEP. RELAY

(b) Address Kirksville, Mo.

19. (a) 11/30/42 (b) Mrs. J. Wagner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1942 hour 9:15 minute A: M.

21. I hereby certify that I attended the deceased from 19..... to 19.....

that I last saw h. alive on 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis Duration

Due to Chronic myocarditis

Due to

Other conditions 938
(Include pregnancy within 3 months of death)

Major findings: 938

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Month of injury 2

23. Signature Byron M. Bury (M. D. or other) Address Kirksville Mo. Date signed 11/19/42

RECEIVED

District Health Officer No. 10

District File Number

12-42-4049

Date Filed

Dec-10-1942

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

Laura Riley

Licensed Embalmer No.

3907

P. O. Address

Kirksville 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.