S. No. 2
1—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17870

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 398

1. PLACE OF DEATH:

(a) County Green

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

(c) Name of hospital or institution:
Springfield Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 2 weeks (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Taney 106

(c) City or town Hollister 0
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country /

3. (a) PRINT FULL NAME Gladys Kenner

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Sam Kenner

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Jan. (Month) 23 (Day) 1912 (Year)

8. AGE:

Years	Months	Days	If less than one day
✓ 31	3	20	hr. min.

9. Birthplace Roy, Douglas (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frank Albright
13. Birthplace Roy, Douglas (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Lurdie Ritchie
15. Birthplace Brownbranch, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Sam Kenner

(b) Address Hollister, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-43 (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 5-15-43 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1943 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from Apr 29, 1943, to May 13, 1943
that I last saw her alive on May 13, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicaemia	8 wks
Due to Perforation of uterus by self induced abortion	10 wks ago
Due to Peritonitis with abscess	
Other conditions (Include pregnancy within 3 months of death) 14	

Major findings:
Of operations Abscess in pelvis old perforation fundus uterus
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

23. Signature Robert Glynn (M.D. or other) MD

Address Springfield Date signed 5/15/43

189 (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 W B Hutchison

Licensed Embalmer No. 3431

P. O. Address Ava 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.