

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

FILED SEP 10 1943 88

Registration District No. 288

Primary Registration District No. 5-9-81-4426

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Fair Play
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County POLK
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. FAIR PLAY MO
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Luevina Kennon

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Aug 15 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 II 22 hr. min.

9. Birthplace Cedars Co., Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Marshall
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Rhoda Akard
15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ona Pickle
(b) Address Fair Play, Mo.

17. (a) Burial (b) Date thereof Aug. 9-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fair Play, Mo.

18. (a) Signature of funeral director Barber Erwin & Blas
(b) Address Fair Play, Mo.

19. (a) 8-14-1943 (b) Lucille Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 2nd 1943 to August 7, 1943 that I last saw her alive on Aug. 7th 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of ascending colon Unknown

Due to _____

Due to _____

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

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 2

23. Signature Dr. R.F. Wilson (M. D. or other) D.D.
Address Fair Play Mo Date signed 8/12/43

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District Health Officer No. 7

District File Number 8-43-922

Date Filed 9-9-43

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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: *Willard P. Curwin*

Licensed Embalmer No. 3092

P. O. Address: *Palmer, 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.