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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1943

Registration District No. 62

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3793C

Primary Registration District No. 4108

Registrar's No. 109

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

1. PLACE OF DEATH:

(a) County: Cedar

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

(c) Name of hospital or institution: XXX
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: XXX (Specify whether years, months or days) 1

In this community: XXX

2. USUAL RESIDENCE OF DEACESED:

(a) State: Mo. (b) County: Cedar 020

(c) City or town: Stockton, Missouri 0
(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country: XX

3. (a) PRINT FULL NAME: Parrie L. Kennedy

3. (b) If veteran, name war: XXXX

3. (c) Social Security No.: XXX

4. Sex: Female 1

5. Color or race: white

6. (a) Single, widowed, married, divorced: widowed 2

6. (b) Name of husband or wife: Grant Kennedy

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

7. Birth date of deceased: Mar. (Month) 8, (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
74	8	15	XXXXX hr. min.

9. Birthplace: Near Humansville, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation: Housewife

11. Industry or business: XXX

FATHER
12. Name: Marion Hornbeck
13. Birthplace: Cedar County, Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Smith
15. Birthplace: Tennessee 1 (City, town, or county) (State or foreign country)

16. (a) Informant: Ora Hornbeck
(b) Address: Humansville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-26-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Stockton Cemetary

18. (a) Signature of funeral director: Church and Neale
(b) Address: Stockton, Missouri

19. (a) 11-30-43 (Date received local registrar) (b) Mrs Ethel Church (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 23 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 9-11-1943 to 11.22.1943 that I last saw her alive on 11.22.1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	days
Due to: Chr Glomerulonephritis	months
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 131 L	
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: Wm B. Richter (M. D. or other)

Address: Stockton Mo Date signed 11-29-43

1298

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 11-43-1275
Date Filed 12-2-43

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton

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.