FILED DEC 13 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

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STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38809

State File No.

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 187

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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville (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 38 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Maryville (If outside city or town limits, write "RURAL") 2

(d) Street No. 604 North Fillmore (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Emma Zetta Kennedy

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 H.N. Kennedy

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

7. Birth date of deceased December 18 1862 (Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Davis County Iowa (City, town, or county) / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name N.F. Taylor
13. Birthplace unknown Ill / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harriet Breeding
15. Birthplace unknown Ind. / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H.E. Hudson

(b) Address Maryville Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-2-43 (Month) (Day) (Year)

(c) Place: burial or cremation Miriam cemetery

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

(b) Address Maryville Mo.

19. (a) Dec. 2 - 43 (Date received local registrar) (b) Amy Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30 year 1943 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 26-1943 19 , to Nov. 30, 1943 that I last saw her alive on Nov. 24-1943, 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Failure due to Acute Dilatation.

Due to Extreme Senility and Starvation and Senile Dementia

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95 c4

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thos. T. Bell (M.D. or other)

Address Maryville Mo. Date signed 12/1/43

1347

(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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.