No. 2
—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1943

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 43164

Registration District No. 240 Primary Registration District No. 4357 Registrar's No. 93

**1. PLACE OF DEATH:**
(a) County New Madrid
(b) City or town Marston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community all of Life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County New Madrid
(c) City or town Marston
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EMMA SUSIE KENDALL
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex FEMALE
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edd KENDALL
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased FEB (Month) 3 (Day) 1870 (Year)

8. AGE: Years 73 Months 8 Days 11 If less than one day hr. min.

9. Birthplace NEW MADRID (City, town, or county) Mo (State or foreign country)
10. Usual occupation House wife
[illegible]stry or business ✓
FATHER
12. Name ROBERT D. WELSHANS
13. Birthplace Unk (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name MARGURITE KINWORTHIA
15. Birthplace SCOTT (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Edd. Kendall
(b) Address Marston Mo.
17. (a) BURRIA (Burial, cremation, or removal) (b) Date thereof OCT. 14 (Month) 1943 (Day) (Year)
(c) Place: burial or cremation Mounds.
18. (a) Signature of funeral director Richards Und Co
(b) Address New Madrid Mo.
19. (a) Nov 7-43 (Date received local registrar) (b) Mrs. J. L. Parrett (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 14 year 1943 hour 4:00 minute A M.
21. I hereby certify that I attended the deceased from June 10 1943 to Oct 14 1943 that I last saw her alive on Oct 13 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Influenza | 4 days |
| Due to | |
| Due to | |
| Other conditions Carcinoma of thyroid (Include pregnancy within 3 months of death) | 8 months |

Major findings:
Of operations
Of autopsy 55C

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 Edward M Copp (M. D. or other)
Address Marston Mo Date signed 10-14-43

1276 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1243-145 64
Date Filed 12-14-43

**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 Leo Hedgspeth

Licensed Embalmer No. 3803

P. O. Address New Madrid 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.**