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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7846

State File No.

FILED MAR 14 1944

Registration District No.

Primary Registration District No. 5829

Registrar's No. 10

1. PLACE OF DEATH:

(a) County New Madrid Co.

(b) City or town Rural, Portageville
(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 Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. West of Portageville Mo.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Della Louise Kennedy

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 22
year 1944 hour 4 minute 0 M.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced 8

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Jan 25 1944
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb., 10th, 1944, to only 19____;
that I last saw her alive on Feb., 10, 44, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

24 hr. min.

Immediate cause of death Influenza & Pneumonia
(A little premature)

Due to _____

Due to _____

9. Birthplace New Madrid Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 33a

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Elihue Kennedy

13. Birthplace Hardin Co. Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Gula Thurman

15. Birthplace Ohio Tenn
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Elihue Kennedy

(b) Address Bridge R #1

17. (a) Burial (b) Date thereof 2-23-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Mo.

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? _____ (a) Means of injury _____

18. (a) Signature of Informant Director J. C. Dean

(b) Address Portageville, Mo.

19. (a) 30-44 (b) Ellen A. Deak
(Date received local registrar) (Registrar's signature)

23. Signature A. A. Rusk (M. D. or other) _____

Address Portageville, Mo. Date signed 2/23/44

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

RECEIVED

District Health Office No. 2,

District File Number 344-435

Date Filed 3-9-44

STATEMENT BY LICENSED EMBALMER

not

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 Noel C. Duane

Licensed Embalmer No. 3941

P. O. Address Portageville, 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.