S. No. 2
OM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12394

Registration District No. 260 — Primary Registration District No. 6225 — Registrar's No. 48

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washington Twp. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #3. 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ______ In this community 36 days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Clinton Mo (If outside city or town limits, write "RURAL")
(d) Street No. 302 N. Second (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ______

3. (a) PRINT FULL NAME Nannie M. Kennedy.
3. (b) If veteran, name war no
3. (c) Social Security No. no.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Aug 20 1865 (Month) (Day) (Year)
8. AGE: Years 78 | Months | Days | If less than one day ___ hr. ___ min.
9. Birthplace Clinton (City, town, or county) Mo (State or foreign country)
10. Usual occupation unknown.
11. Industry or business
FATHER 12. Name James Kennedy
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary L. Martin
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Lula Kennedy
(b) Address 302 N. 2nd, Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation Clinton, Mo.
18. (a) Signature of funeral director Eichinger Fune Home
(b) Address Nevada, Mo.
19. (a) 3-8-44 (Date received local registrar) (b) Hazel B. Beurch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7 year 1944 hour 9 minute P. M.
21. I hereby certify that I attended the deceased from 2-1-44, 19__, to 3-7-44, 19__;
that I last saw her alive on 3-7-44, 19__,
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneumonia	3 days
Due to	
Due to	
Other conditions senile psychosis (Include pregnancy within 3 months of death)	unknown

PHYSICIAN: Underline the cause to which death should be charged statistically.

Major findings:
Of operations None.
Of autopsy None.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None.
(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 Frank M. Rogers (M. D. or other)
Address State Hosp #3 Date signed 3-7-44

1331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
State File Number 3-44-530
Received 4-12-44

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 Mark Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITINC. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.