

S. No. 2
M-2-43
5-17-39
PI X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34835

State File No. _____

Registration District No. 224

Primary Registration District No. 5046

Registrar's No. 206

1. PLACE OF DEATH:

(a) County Montclair

(b) City or town California
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community All her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Montclair

(c) City or town California Mo 68
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 1

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

3. (a) PRINT FULL NAME Joanna Kent

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1944 hour 5 minute 9 M.

21. I hereby certify that I attended the deceased from May 3
1940 to Oct. 29, 1944
that I last saw her alive on Oct. 28, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph Kent 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: May 28 1863
(Month) (Day) (Year)

Immediate cause of death apoplexy

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 830

8. AGE: Years 81 Months 5 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Montclair MO
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Joseph Dunham

13. Birthplace Montclair MO
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gannon

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

16. (a) Informant Joseph Kent

(b) Address California Mo

17. (a) Burial (b) Date thereof 10/31/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem

PHYSICIAN

Major findings: _____
Of operations: _____
Of autopsy: _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director John Williams

(b) Address California Mo

19. (a) Oct 31-44 (b) Reg. Allen
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature J. J. Dunham (M. D. or other) MO
Address California Mo Date signed 10/31/44

1212

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

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 11-9-44

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 H. E. Friedmeyer

Licensed Embalmer No. 2854

P. O. Address California 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.