

S. No. 2
I-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17868
Registrar's No. 152

Registration District No. 316

Primary Registration District No. 6075

1. PLACE OF DEATH:

(a) County St. Francois
 (b) City or town Esther
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
 (c) City or town Estner
(If outside city or town limits, write "RURAL")
 (d) Street No.....
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Hugh Owen Kennon
 (b) If veteran, name war.....
 (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
 year 1946 hour 11:30 minute ---- P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Mary Elizabeth
 (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased Aug 15, 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 30, 1946, to May 2, 1946, that I last saw h. was alive on April 30, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 8 17 hr. min.

Immediate cause of death Hemiplegia
 Due to Arteriosclerosis
 Duration 2 yrs.
 Due to 6 yrs.

9. Birthplace Perry County
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations af
 Of autopsy.....

11. Industry or business.....
 12. Name Hugh Owen Kennon
 13. Birthplace Tenn
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Phelps
 15. Birthplace Tenn
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mary Elizabeth Kennon
 (b) Address Esther, Missouri
 17. (a) Burial (b) Date thereof May 5, 46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cross Roads Ceme-

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..... (c) Means of injury.....

18. (a) Signature of funeral director Sparks Funeral Home
 (b) Address 300 Taylor Flat River, Mo
 19. (a) 5/8/46 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

23. Signature D. L. Watkins (M. Director)
 Address Farmington, Mo Date signed 5-7-46

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

16747

RECEIVED

District Health Officer No. 4

District File Number 646-225

Date Filed 6-10-

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 Murphy L Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.