S. No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

337648

State File No.

FILED NOV 10 1946

Registration District No. 383 Primary Registration District No. 3039 Registrar's No. 98

**1. PLACE OF DEATH:**
(a) County: Linn
(b) City or town: Marceline
(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)
In this community: 6 years

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Mo. (b) County: Linn 58
(c) City or town: Marceline 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 111 E. Howe 1
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: James Chester Kennerly
3. (b) If veteran, name war: –
3. (c) Social Security No.:
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Ida West Kennerly
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov (Month) 30 (Day) 1872 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 73 | 11 | 6 | hr. min. |

9. Birthplace: Monroe Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Bookeeper
11. Industry or business:
FATHER
12. Name: Lee D. Kennerly
13. Birthplace: ✓ (City, town, or county) Va. (State or foreign country)
MOTHER
14. Maiden name: Mary Katherine Maupin
15. Birthplace: (City, town, or county) Va. (State or foreign country)
16. (a) Informant: Mrs. Ida West Kennerly
(b) Address: Marceline Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 6 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet
18. (a) Signature of funeral director: James McLaughlin
(b) Address: Marceline Mo
19. (a) 11/6/46 (Date received local registrar) (b) E Shelton (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6 year 1946 hour 7 minute 10 A.M.
21. I hereby certify that I attended the deceased from Aug 28, 1946, to Nov. 6, 1946, that I last saw him alive on Nov. 6, 1946, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary Generalized peritonitis | |
| Due to: Mesenteric embolism | |
| Due to: Auricular fibillation following Coronary thrombosis | |
| Other conditions: (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: (#) 4
Of autopsy: Peritonitis, Infarct of Bowell Coronary sclerosis

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 (1)
23. Signature: C A Campbell, M.D. (M. D. or other)
Address: Marceline, Mo. Date signed 11/6/46

148 (Licensed Embalmer's Statement on Reverse Side)

MAY 26 1949

DISTRICT HEALTH OFFICE
Cameron, Mo.

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**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 Blanche McLaughlin

Licensed Embalmer No. 1969

P. O. Address Marceline 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.**