

S. No. 2
1-8-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1893

FILED JAN 14 1948

Registration District No. 248

Primary Registration District No. 4265

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Newtonia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Frank Granger Kennear

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

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

6. (b) Name of husband or wife Martha E. Kennear 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 28 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>6</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation Plumbing

11. Industry or business _____

12. Name William Kennear

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

14. Maiden name Elnora Sheldon

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

16. (a) Informant Mrs Russell Patterson
(b) Address Fairview, Mo.

17. (a) Burial (b) Date thereof 1-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newtonia, Mo.

18. (a) Signature of funeral director W. M. Mearns
(b) Address Wheaton, Mo.
19. (a) 1-5 1948 (b) Alpha Dyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
year 1948 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 1
1934, to Dec 31, 1947.
that I last saw h. live on Dec 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Disease of the coronary arteries.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations G. Y. P.
Of autopsy _____

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) _____
(e) Means of injury 2

23. Signature Charles D. Christy (M., D. or other) D. O.
Address G. Fairview, Mo. Date signed 1-4-48

Duration 8 yrs.
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. Newton
District File Number 144-243
Date Filed 1-12-48

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 Wm Morris Payne

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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.