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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8211
Registrar's No. 96

Registration District No. _____ Primary Registration District No. 3015

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 619 W 4th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 (Specify whether
In this community 53 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Sarah Josephine Kendall
3. (b) If veteran, name war - 3. (c) Social Security No. -
4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife J. A. Kendall 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased Kingston Nov. 9 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 4 0 hr. min.

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

10. Usual occupation at home

11. Industry or business
12. Name Harrison B. Nelson
13. Birthplace Bartholomew Co. Ind
(City, town, or county) (State or foreign country)
14. Maiden name Cynthia Jane Leamon
15. Birthplace Orange Co. Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Lina Kendall
(b) Address Cameron

17. (a) Burial (b) Date thereof 3 11-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hiland Cem. Hamilton Mo

18. (a) Signature of funeral director J. A. Moseley
(b) Address Cameron

19. (a) 3-11-48 (b) Wimfred W. Moser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton 25
(c) City or town Cameron
(If outside city or town limits, write "RURAL")
(d) Street No. 619 W 4th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1948 hour - minute 4:25 P. M.
21. I hereby certify that I attended the deceased from Jan 1946
9 Mar 1948
that I last saw he alive on 7 Mar 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Duration
Generalized arteriosclerosis

Due to Generalized arteriosclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death)

Major findings: MI
Of operations _____
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? _____

While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature J. A. Moseley (M. D. or other)
Address Cameron Mo Date signed 3-11-48

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 George A. Vrammell

Licensed Embalmer No. 4425

P. O. Address 309 1/2 West 3rd

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.

Cameron, Mo.