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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

35675

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1212

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)

In this community 46 years.

3: (a) PRINT FULL NAME Clarence Louis Kennard

3. (b) If veteran, name war None

3. (c) Social Security No. 491-09-2224

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Grace Kennard

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June 14 1888
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 25
If less than one day hr. min.

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

10. Usual occupation Candy Maker

11. Industry or business Oliver Finney Candy Co.

MOTHER FATHER

12. Name Alexander Kennard

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Grace Kennard

(b) Address 2225 Jones St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Nov. 11, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery.

18. (a) Signature of funeral director Statter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 11-16-48 (b) E. K. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2225 Jones Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th
year 1948 hour 5 minute 35 A. M.

21. I hereby certify that I attended the deceased from Oct 27, 1947
Oct 27, 1947, to Nov 9, 1948;
that I last saw him alive on Nov 8, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction

Duration 36 hrs.

Due to Abuse about colostomy 4 mos.

Due to Resection of rectum for cancer 4 mos.

Other conditions 46 P
(Include pregnancy within 3 months of death)

Major findings: Question for removal of cancer of rectum June 29, 1948

Of operations Intestinal obstruction about colostomy

Of autopsy Intestinal obstruction about colostomy

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) NO

(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 _____

23. Signature John R. McDaniel (M. D. or other)

Address 492 Edmund St. Date signed Nov 10, 1948

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

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 *Robert E. Harrington*

Licensed Embalmer No. *3258* *Missouri*.

P. O. Address... *St. Joseph, 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.