

No. 2
5-43
5-17-39
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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. **39835**

FILED DEC 20 1948

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **1090**

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield

(c) Name of hospital or institution: Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

In this community 65 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Bessie Lee Kennell

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Edward F. Kennell

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

7. Birth date of deceased November 15, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 0 29 hr. min.

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

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER

12. Name Ed Levi and Clubb

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

14. Maiden name Hannah Horner

15. Birthplace Turner Station, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Kennell

(b) Address Strefford, Missouri

17. (a) Burial (b) Date thereof 12/17/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Turner Station

18. (a) Signature of funeral director W. E. Handley M.D.

(b) Address Springfield, Missouri

19. (a) 12-18-48 (b) W. E. Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Rural

(d) Street No. Strafford R.F.D. # 2

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14th
year 1948 hour 9: minute 00 P. M.

21. I hereby certify that I attended the deceased from 9/11/48 to 12/14/48
that I last saw her alive on 12/14/48 and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis Duration 3 wks.

Due to Ch. Hepatitis 3 wks.

Due to Cause unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: AK

Of autopsy: _____

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? _____

23. Signature W. E. Handley M.D. (M. D. or other) M.D.
Address Strafford Mo Date signed 12/16/48

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..... *Ralph H. Thieme*
Licensed Embalmer No..... 3681
P. O. Address..... Springfield, 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.