

STANDARD CERTIFICATE OF DEATH

State File No. **32726**

FILED OCT 14 1949

BIRTH NO. _____ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4499** Registrar's No. **93**

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Laura Kennerly			4. DATE OF DEATH (Month) (Day) (Year) 9-12-1949		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widow	
8. DATE OF BIRTH August 4-1875		9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR: Months 1 Days 8 IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Monroe County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Tom Kennerly		13b. MOTHER'S MAIDEN NAME Susan Kiner		14. NAME OF HUSBAND OR WIFE Deceased	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Frank Kennerly ADDRESS Shelbina, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) 			INTERVAL BETWEEN ONSET AND DEATH 2 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					334X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **Sept 4, 1949**, to **Sept 12, 1949**, that I last saw the deceased alive on **Sept 12, 1949**, and that death occurred at **6 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE H. Harrison (Degree or title)		23b. ADDRESS Box 2 - Shelbina Mo		23c. DATE SIGNED Sept 30	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-15-49		24c. NAME OF CEMETERY OR CREMATORY IOOF Shelbina, Mo.	
				24d. LOCATION (City, town, or county) (State) Shelbina, Missouri	

DATE REC'D BY LOCAL REG. Oct 6-49		REGISTRAR'S SIGNATURE Ada Garrison 419		25. FUNERAL DIRECTOR'S SIGNATURE Million & Barkelew ADDRESS Shelbina, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 10 1949

District Health Officer No. 1

District File Number 10-4972

Label filed OCT 10 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James H. Davis
Licensed Embalmer No. 4478

P. O. Address Shelburne, Vt.

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.