

FILED OCT 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33181

State File No.

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 2449 Registrar's No. 163

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Henry</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Stonbery</u> d. STREET ADDRESS (If rural, give location) <u>S of Stonbery, MO 4 1/2 miles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stonbery</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stonbery</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S of Stonbery</u>		d. STREET ADDRESS (If rural, give location) <u>S of Stonbery, MO 4 1/2 miles</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ma</u> b. (Middle) <u>BELL</u> c. (Last) <u>KENYON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 18 1950</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 20 - 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	9. AGE (In years last birthday) <u>70</u>
11a. FATHER'S NAME <u>Jacob Perkins</u>		11b. MOTHER'S MAIDEN NAME <u>unk</u>	11. BIRTHPLACE (State or foreign country) <u>Henry Co. MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		14. NAME OF HUSBAND OR WIFE <u>John Kenyon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ray Johnson</u> ADDRESS <u>Stonbery MO</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 5</u> , 19 <u>50</u> , to <u>Oct 18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 17</u> , 19 <u>50</u> , and that death occurred at <u>4:17</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Jacob R Barnes</u> (Degree or title)		23b. ADDRESS <u>Henry City, MO</u>	23c. DATE SIGNED <u>OCT 18 1950</u>
24a. BURIAL OR CREMATION REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>10/20/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cooper Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>SW of Stonbery Henry, MO</u>
DATE REC'D BY LOCAL REG. <u>Oct 24 - 1950</u>	REGISTRAR'S SIGNATURE <u>Edith Childs</u> 430	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leroy P. Phillips</u> ADDRESS <u>Stonbery MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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~~.....

~~working under my personal supervision.~~
~~Student Embalmer No.~~

Signed.....
Student Embalmer

Signed *Leroy F. Phillips*.....

Licensed Embalmer No. *1898*

P. O. Address *Stanhurst, Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.