

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42143

3025 State File No.

FILED JAN 6 - 1952

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 555-L Registrar's No. 31

461 D

WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Nowell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nowell</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>West Plains</u>	
c. LENGTH OF STAY at this place <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Box 488</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. CHAISTA HOGAN</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur W.</u> b. (Middle) <u>Kenyon</u> c. (Last) <u>Kenyon</u>		4. DATE OF DEATH (Month) <u>12</u> (Day) <u>4</u> (Year) <u>52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>7-23-1888</u>
9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 1 YEAR Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Car Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTHPLACE (State or foreign country) <u>Albany, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jno Kenyon</u>		13b. MOTHER'S MAIDEN NAME <u>Mary J. Jarbet</u>	
13c. NAME OF HUSBAND OR WIFE <u>Free E. Kenyon</u>			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W.W.I.</u>		15. SOCIAL SECURITY NO. <u>No</u>	
16. INFORMANT'S SIGNATURE OR NAME <u>Free Kenyon</u>		17. ADDRESS <u>West Plains, 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>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchiectasis</u>			
DUE TO (c) <u></u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MULTIPLE NEURITIS</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>526X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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>11-30</u> , 19 <u>52</u> to <u>12-4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-4</u> , 19 <u>52</u> , and that death occurred at <u>2:15</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. Case M.D.</u>		23b. ADDRESS <u>West Plains, Mo</u>	
23c. DATE SIGNED <u>12-13-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>11 R</u>		24b. DATE <u>12-5-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-30-52</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson</u>		ADDRESS <u>West Plains Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 29 1953

FEB 10 1953

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

D. D. Roberts

Licensed Embalmer No. *3487*

P. O. Address *West Hill Me*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

42143-53

State of Arkansas
County of Randolph ss.

State File No. _____
Local Registrar's No. 379

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2nd day of January, 1953, before me appears J W Case MD, who, upon his oath, states that the original record of ^{birth} death

for Arthur W Kingon, died December 4, 1951, in the State of Missouri, and which was filed at West Plains on _____, 19____, should be corrected as follows:

Item No. 1-D should read Christa Hogan Hospital
Instead of rural

Item No. 2-D should read Box 488
Instead of RFD

Item No. 14 should read Grace I. Kingon
Instead of Grace C. Kingon

Item No. 15 should read yes WWI, 6 Sept '18 - 18 Dec '18
Instead of ✓✓

Item No. 18 II should read multiple neuritis
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant J W Case MD Relationship _____

Present Address Pocahontas, Ark.

Subscribed and sworn to before me this 2nd day of January, 1953
My Commission expires 1/30/56 W J [Signature] Notary Public.

1. The first part of the paper

2. The second part of the paper

3. The third part of the paper

4. The fourth part of the paper

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59. The fifty-ninth part of the paper

60. The sixtieth part of the paper