

REC'D JUL 7 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21588

Do not use this space.

1. PLACE OF DEATH

(a) County Cedar  
(b) Township Washington  
(c) City Stockton

Registration District No. 165  
Primary Registration District No. 5234

Registered No. 70

(d) Street No. 530  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Marville Kennedy

(a) Residence, No. St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andy Kennedy

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1938 to May 25, 1938  
I last saw her alive on May 23, 1938 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1862

to have occurred on the date stated above, at 1:10 p. m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 1 27

Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

Carcinoma of Stomach  
Primary

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurence Co.

Other contributory causes of importance:

13. NAME Bill Terrell  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME Elizabeth Pennington  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Elizabeth Kennedy  
Stockton, Mo.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Union DATE May 26, 1938

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

19. FUNERAL DIRECTOR (NAME) W. C. DAVIS & CO.  
(ADDRESS) Stockton, Mo.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) H. A. Swinell, M. D.

20. FILED May 26, 1938 Mrs. D. G. Brown  
Local Registrar

(Address) Stockton Mo

**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.....

Licensed Embalmer No.....

P.O. Address.....

**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, above space should be left blank.**