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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Kennedy

State File No. 38233

Registration District No. 326 Primary Registration District No. 6105 Registrar's No. 65

1. PLACE OF DEATH

(a) County Scotland

(b) City or town Greenburg Rural
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: Mt Pleasant Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland 99

(c) City or town Bible Grove Rural
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Martha Jane Gibbs

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Dr Chas A. Gibbs

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

7. Birth date of deceased Apr (Month) 16 (Day) 1867 (Year)

8. AGE: Years 75 Months 6 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Scotland Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House wife

11. Industry or business .....

MOTHER FATHER

12. Name William Kennedy

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

14. Maiden name Julia Poe

15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Evaughn Hollis

(b) Address Greenburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 12-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Fort Donelson

18. (a) Signature of funeral director Ernest Barkett

(b) Address Memphis Mo

19. (a) Nov 19-1942 (Date received local registrar) (b) Bernice Nelson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 10 year 1942 hour 3 o'clock minute P M.

21. I hereby certify that I attended the deceased from Nov, 1937 to Nov. 8, 1942 that I last saw her alive on Nov. 8, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death arteris sclerosis — Duration

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) GH

Major findings:
Of operations .....
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury D

23. Signature Dr. M. T. Kennedy (M. D. or other) MD

Address Kirksville, Mo Date signed Nov 12, 1942

109 Q (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 10
District File Number 12-42-3072
Date Filed DEC - 7 1942

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 Fred Gerth

Licensed Embalmer No. 1029

P. O. Address Memphis 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.