S. No. 2
I—8-43
5-17-39
I X37823

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

16747

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17868

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 152

1. PLACE OF DEATH:

(a) County St. Francois

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Estner
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Hugh Owen Kennon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Elizabeth

6. (c) Age of husband or wife if alive, if not 73 years

7. Birth date of deceased Aug 15, 1869 (Month) (Day) (Year)

8. AGE: Years 76 | Months 8 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Perry County (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Hugh Owen Kennon
13. Birthplace Tenn (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Sarah Phelps
15. Birthplace Tenn (City, town, or county) / (State or foreign country)

16. (a) Informant Mary Elizabeth Kennon
(b) Address Esther, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5, 46 (Month) (Day) (Year)

(c) Place: burial or cremation Cross Roads Ceme-

18. (a) Signature of funeral director Sparks Funeral Home
(b) Address 300 Taylor Flat River, Mo

19. (a) 5/8/46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1946 hour 11:30 minute ----P M.

21. I hereby certify that I attended the deceased from April 30, 1946, to May 2, 1946 that I last saw h. alive on April 30 1946. and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemiplegia	2 yrs.
Due to Arterial Sclerosis	6 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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

23. Signature W. L. Watkins (M. D.)

Address Farmington Mo Date signed 5-7-46

287 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 646-225

Date Filed 6-10-

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 Murphy L Sparks

Licensed Embalmer No. 4236

P. O. Address Flat River, 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.