

Registration District No. **6102**

Primary Registration District No. **6102**

Registrar's No. **16**

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

1. PLACE OF DEATH

(a) County **Stoddard**
(b) City or town **Puress Mo. R. 1**
(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 _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Tabetha Miriam Kennaman**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **S.S. Kennaman**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec. 26, 1868**
(Month) (Day) (Year)

8. AGE: Years **71** Months **4** Days **8**
If less than one day _____ hr. _____ min.

9. Birthplace **Cape Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer wife**

11. Industry or business _____

MOTHER FATHER
12. Name **Harrison Allen**
13. Birthplace **Ind. Ind.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Jane Thompson**
15. Birthplace **Cape Co. Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **S.S. Kennaman**
(b) Address **Puress Mo. R. 1**

17. (a) **Brown Cemetery** (b) Date thereof **5-5-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Brown Cem.**

18. (a) Signature of funeral director **Watkins Funeral Co**
(b) Address **Deeth Mo**

19. (a) **5-30-1940** (b) **Dennis Ryeat**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Stoddard**
(c) City or town **Puress Mo. R. 1**
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **3**
year **1940** hour **6** minute **30** M.
21. I hereby certify that I attended the deceased from **May 3**
19**40**, to **May 3**, 19**40**
that I last saw her alive on **May 3**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **hemorrhage of the brain**
Due to **High Blood Pressure**
Due to **old age**

Other conditions (include pregnancy within 3 months of death) **HTA**
Major findings:
Of operations _____
Of autopsy **no**

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? _____

23. Signature **E. L. Emory** (M. D. or other) **1**
Address **Puress Mo.** Date signed **5-3-40**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 2

District File Number 740 - 1183

Date Filed 7/3/40

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.....

Virgil Helch....., Registered Apprentice No.....
working under my personal supervision.

Signed *Virgil Helch*.....

Licensed Embalmer No. *4102*.....

P. O. Address *Dexter, 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, above space should be left blank.