

REC'D MAY 13 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

13932

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 30
 (b) Township Cappscreek Primary Registration District No. 5041 Registered No. 21
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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

Catharine Kenschel - 524
 (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

3. SEX ♀ 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Kenschel
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
65 11 13

OCCUPATION 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 _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____
House work

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 7

FATHER 13. NAME Kassius Younker 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 7

MOTHER 15. MAIDEN NAME Rose Auldrey 7

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Clarence Arch
Peirce City Mo.

18. BURIAL, CREMATION, OR REMOVAL no.
Peirce City Mo. DATE 4-15 1938

19. FUNERAL DIRECTOR (ADDRESS) Wm. Bruce Jr.
Peirce City Mo.

20. FILED 4-14 1938 W.M. West
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 2 a.m. 1938

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1938 to April 11, 1938
 I last saw her alive on April 11, 1938 Death is said

to have occurred on the date stated above, at 2 a.m.
 The principal cause of death and related causes of importance were as follows:

Cancer of Caecum

Date of onset
1937

Other contributory causes of importance:
Mitral Insufficiency 1936

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

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

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
 (Signed) E. B. Wright, M. D.

(Address) Peirce City, Mo.

STATEMENT BY LICENSED EMBALMER

I, Wm. Russell Jr., Licensed Embalmer No. 1512

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Wm. Russell Jr.

Licensed Embalmer No.

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.)