

NOV 14 1938

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

36973
Do not use this space.

1. PLACE OF DEATH ²
 (a) County Shannon
 (b) Township Alley
 (c) City (d) Street No.
 (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. 7 mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Peter Paul Kenaga
 (a) Residence, No. Douglas, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Fieldman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-23-1882
 7. AGE YEARS 55 MONTHS 9 DAYS 22 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Saw Milling for self
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation former

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dr. D. D. D. D., 19....., to 19.....
 I last saw h. Dr. D. D. D. D., 19..... Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis acuta
 Date of onset 93 W
 Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 FATHER 13. NAME Mathias Kenaga
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Indiana
 MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilder / unknown Indiana
 17. INFORMANT (ADDRESS) Ernst G. Miller / Douglas Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Douglas Mo DATE 10-17-1938
 19. FUNERAL DIRECTOR (ADDRESS) F. G. Jordace / Douglas Mo
 20. FILED 10-15 1938 D. F. Boyd Local Registrar.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?
 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) Frank Toyle, M. D.
 (Address) Excelsior Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WHILE PLAINLY, WITH ON-PADING INK—THIS IS A PERMANENT RECORD I X12004

STATEMENT BY LICENSED EMBALMER

I Frank E. Jordan, Licensed Embalmer No. 3200

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

✓ L. E. ✓

No. ✓ or by ✓, Registered Apprentice No. ✓

working under my personal supervision.

Signed Frank E. Jordan

Licensed Embalmer No. 3200

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.)