

1939 JUL 19 1939

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

Do not use this space
23537

1. PLACE OF DEATH

(a) County Webster Registration District No. 897
(b) Township Finley Primary Registration District No. 6201
(c) City _____ (d) Street No. _____ St. _____
(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. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 540 Jacob Abraham Kanel 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 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 Mary Ellen Landon
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 24 1865
7. AGE YEARS 74 MONTHS 2 DAYS 14 If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co., Mo.

FATHER 13. NAME Ferdinand Kanel

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idem

MOTHER 15. MAIDEN NAME Martha Estinger

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co., Mo.

17. INFORMANT (ADDRESS) Mrs. Oscar Bean Seymour, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Seymour Masonic DATE 6-9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kelley-Russell Seymour

20. FILED 47 39 W.E. McWhorter Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1939

22. I HEREBY CERTIFY, That I attended deceased from April 10 1939, to June 7 1939. I last saw him alive on June 6 1939. Death is said to have occurred on the date stated above, at 6:30 A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach (SCIRRHUS CARCINOMA) Date of onset 46
Other contributory causes of importance: Enlargement of Left suprarenal glands & nephritis

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? no
If so, specify _____
(Signed) W.H. Lief 100 3
Seymour Mo. 823 (Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X14028

RECEIVED

District Health Officer No. 6,

District No. Number 739-1432

Date Filed JUL 11 1939

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, K. K. Kelley

....., or by

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

Signed K. K. Kelley

Licensed Embalmer No. 3334

P. O. Address Seymour 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.