

REC'D SEP 12 1939

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

28613

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township St. Joseph Primary Registration District No. 1001  
(c) City St. Joseph (d) Street No. 1916 South 24th 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 24 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 8432. PRINT FULL NAME Gertrude E. Kenny

(a) Residence, No. 1916 South 24th St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward B. Kenny

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 1 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

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) Cincinnati  
(STATE OR COUNTRY) Ohio

13. NAME James W. Lyon

14. BIRTHPLACE (CITY OR TOWN) Hillsville  
(STATE OR COUNTRY) Virginia

15. MAIDEN NAME Lydia Mallory

16. BIRTHPLACE (CITY OR TOWN) Hillsville  
(STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) H. E. Kenny  
204 No. 31st. street,

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery Aug 16, 1939

19. FUNERAL DIRECTOR (NAME) Walter - Fitzgerald  
(ADDRESS) 319 So. 10th. Str. Funeral Home

20. FILED 8/16 1939 A. J. Neidlich  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1939, to August 14, 1939  
I last saw him alive on August 10, 1939. Death is said to have occurred on the date stated above, at 6:45 p.m.  
The principal cause of death and related causes of importance were as follows:

Buccer of Liver (Primary) Date of onset ?  
(Primary)

Other contributory causes of importance: Hbnone

Name of operation exploratory laparotomy  
What test confirmed diagnosis? operative Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury May 29, 1939

Where did injury occur? no

(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. E. Kenny, M. D.(Address) 307 1st St. S.E.

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.

**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

*Aug 14, 1934*

or by

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

Signed

*W. E. Summers*

Licensed Embalmer No

*3007*

P. O. Address

*319 So. 10th St. Los Angeles*

**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.**