

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

39639

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution 340 Hovey
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2.50
(Specify whether years, months or days)
In this community 2.50

8. (a) PRINT FULL NAME EMMA ANGELINE MCKENNEY

8. (b) If veteran, ☒ name war ✓
8. (c) Social Security No. ✓

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife March
6. (c) Age of husband or wife if alive 11 years 1885

7. Birth date of deceased March 11 1885
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 15 If less than one day no min.

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

10. Usual occupation House wife

11. Industry or business In home

12. Name J. A. Barr

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name S. J. Cooper

15. Birthplace Gla.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. W. H. Martin

(b) Address Springfield Mo.

17. (a) Burial (b) Date thereof Nov 29-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director W. H. Klinger

(b) Address Springfield Mo.

19. (a) 11-287-39 (b) Chas. C. George M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 340 Hovey
(If rural, give location)
(e) If foreign born, how long in U. S. A. 26 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1939 hour 8 minute 36 P. M.

21. I hereby certify that I attended the deceased from 11/25/39 to 11/26/39
that I last saw her alive on 11/25, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Arterio Sclerosis 11/23/39

Due to Senility

Due to Senility

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations Senility

Of autopsy Senility

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Senility

(b) Date of occurrence Nov 26-1939

(c) Where did injury occur? Springfield Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? Senility (e) Means of injury Senility

23. Signature C. E. Fuller (M. D. or other) 1

Address Springfield Mo. Date signed Nov 26-1939

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, or by.....

Ogle Stone Jr Registered Apprentice No. 232
working under my personal supervision.

Signed Warren D Noble

Licensed Embalmer No. 4005

P. O. Address Springfield, 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.