DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7734

Registration District No. FILED MAR 14 1940 667 Primary Registration District No. 5888 Registrar's No.

1. PLACE OF DEATH:
(a) County Pettis Lamarte
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 miles West La Marte Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 3 yrs where she died. (Specify whether years, months or days) Near Manila No 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town West of La Marte
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Sally Catherine Kenfoot
3. (b) If veteran, name war ____ 3. (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 ____ 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased May (Month) 6th (Day) 1867 (Year)

8. AGE: Years 72 ~~73~~ Months 8 Days 27 If less than one day ____ hr. ____ min.
9. Birthplace Versailles Morgan Co Mo (City, town, or county) (State or foreign country) 0
10. Usual occupation Housewife. 1
11. Industry or business 1
FATHER
12. Name Wm Lyles
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Monroe
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant's own signature E. P. Kenfoot
(b) Address Iowa Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 6th 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Ch Manila
18. (a) Signature of funeral director L. L. Dean
(b) Address Green Ridge Mo
19. (a) 2-4-40 (Date received local registrar) (b) B. F. Parker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1940 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 20, 1940 to Feb 3, 1940 that I last saw her alive on Feb 3, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death (1) Bronchial Pneumonia (Hypostatic) — Duration
Due to ____
Due to ____ 93 C
Other conditions (1) Chr myocarditis
(Include pregnancy within 3 months of death)
Major findings: Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence ____
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 603 (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature G. W. Grove (M. D. or other) KW
Address Knob Noster Mo Date signed Feb 4

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.
Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-13-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ prepared by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed L. L. Reams

Licensed Embalmer No. 1881

P. O. Address Green Ridge 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.

No. 2B
2-21-40
I X22659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7734

Registration District No. 667 Primary Registration District No. 3888 Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Lamonte Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Sally Catherine Kenfoot
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased May (Month) 6 (Day) 1867 (Year)
8. AGE: Years 72 Months 8 Days 27 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 2-4-40 (Date received local registrar) (b) B. J. Pascucci (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (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? (e) Means of injury

23. Signature G. W. Grove (M. D. or other)
Address Knobnoster Mo Date signed

SUPPLEMENTARY