. No. 2
-4-13-40
5-17-39
>I X231150

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 16 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27951

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 846

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

1. PLACE OF DEATH:
(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 9 days, (Specify whether years, months or days)
In this community 1 month 9 days,

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Andrew,
(c) City or town Rosendale,
(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 William E. Kenyon, 557
3. (b) If veteran, name war None,
3. (c) Social Security No. None,
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Lillie E. Kenyon,
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Nonember 19, 1860 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	8	13	____ hr. ____ min.

9. Birthplace Unknown, (City, town, or county) New York, (State or foreign country)
10. Usual occupation Farmer,
11. Industry or business Farm,
MOTHER FATHER
12. Name Unknown,
13. Birthplace Unknown, (City, town, or county) Unknown, 9 (State or foreign country)
14. Maiden name Unknown,
15. Birthplace Unknown, (City, town, or county) Unknown, 9 (State or foreign country)
16. (a) Informant Mrs Gertrude Kenyon
(b) Address 1912 Holman Street,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/40 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery,
18. (a) Signature of funeral director Heaton-Bergdolt-Bowman Funeral Home
(b) Address 319 S. 10th. Street,
19. (a) Aug 5 1940 (Date received local registrar) (b) A J Goodelmud (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd, year 1940 hour 3:00 minute 40 p M.
21. I hereby certify that I attended the deceased from July 1st, 1940, to Aug 2, 1940; that I last saw him alive on Aug 2, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hypertrophy of prostate with obstruction of urethra
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Senile — arteriosclerosis
Major findings: Of operations Obstruction prostate
Of autopsy none

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? (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? no (e) Means of injury
23. Signature M D Thompson (M. D. or Coroner)
Address 8 W Chester St Kansas City Date signed 8/3/40

(Licensed Embalmer's Statement on Reverse Side)

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 Aug 2-4

..., Registered Apprentice No. ...

working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.