

NOV 15 1940
Registration District No. 376

Primary Registration District No. 4420559
State File No. 1A
Registrar's No.

1. PLACE OF DEATH:

(a) County Howard

(b) City or town Rural Parie Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. # 1 Armstrong, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 years, months or days Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard

(c) City or town R.F.D. # 1 Armstrong, Mo.
(If outside city or town limits write "RURAL")

(d) Street No. R.F.D. # 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Edward Keneke

8. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 21, 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 19
If less than one day hr. _____ min.

9. Birthplace Carroll County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Blair G. Huber

(b) Address R.F.D. # 1 Armstrong, Mo.

17. (a) Burial (b) Date thereof Oct. 13, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coloma Cemetery

18. (a) Signature of funeral director P. J. Meister

(b) Address Doornick, Mo.

19. (a) 10-11-40 (b) W. M. Dineen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th
year 1940 hour 11.45 P. minute _____ M.

21. I hereby certify that I attended the deceased from October 8
1940 to October 10, 1940
that I last saw him alive on October 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal hemorrhage
Duration 10 hours

Due to Infirmities of age

Due to _____

Other conditions 167
(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? 337

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

23. Signature J. G. Richards (M. D. or other) _____
Address Fayette, Mo. Date signed 10/11/40

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number 11-6-410
Date Filed

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.....

working under my personal supervision.

Signed Paul T. Hackney, Registered Apprentice No.
Licensed Embalmer No. 3598
P. O. Address Maryland, 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.