No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3230

Registration District No. 491 Primary Registration District No. 4298 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Lincoln.
(b) City or town Troy.
(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 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lincoln. 57
(c) City or town Troy. 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edward Felix McKenna
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 Married
6. (b) Name of husband or wife Maude McKenna.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 21 (Day) 1861 (Year)

8. AGE: Years 79 Months 4 Days 17 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Grader.
11. Industry or business Fur & Hides
FATHER
12. Name John McKenna
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ann Quinn
15. Birthplace Unknown. (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 10 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Troy, Mo. City Cem.
18. (a) Signature of funeral director Kemper Underco
(b) Address Troy, Missouri.
19. (a) Dec 9 - 1940 (Date received local registrar) (b) Mrs Pearl Muck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1940 hour 7-1 minute 15 P M.
21. I hereby certify that I attended the deceased from Nov. 22-1, 1940, to Dec. 8, 1940
that I last saw him alive on Dec 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
(1) Senility (Arterio Sclerosis)
Due to
Due to 97
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

Duration

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?
440 (Specify type of place)
While at work (e) Means of injury
23. Signature J. Clerech (M. D. or other)
Address Troy, Mo Date signed

(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.....

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

working under my personal supervision.

Signed.....Joseph J. Maro

Licensed Embalmer No.....3932

P. O. Address.....Troy, Missou

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

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