

FILED SEP 22 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29898

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 295

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Poplar Bluff Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 1 day
Specify whether
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or) No
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1942, hour 5 minute 10 AM
21. I hereby certify that I attended the deceased from Sept 8
1942, to Sept 8 1942
that I last saw him alive on Sept 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Failure

Duration

Due to Spider Bite

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
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) Accident 1948
(b) Date of occurrence Sept 6, 1942
(c) Where did injury occur? Poplar Bluff Butler Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Home (Specify type of place)
(e) Means of injury Spider Bite
23. Signature C. Porter (M. D. or other)
Address Poplar Bluff, Mo Date signed 9-9-42

3. (a) PRINT FULL NAME GLENN WILLIAM KANEHL

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex male 5. Color or Race W. 6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Aug 26 1938
(Month) (Day) (Year)

8. AGE: Years _____ Months 10 If less than one day _____ hr. _____ min.

9. Birthplace Poplar Bluff Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

MOTHER FATHER { 11. Industry or business _____
12. Name John Kanehl
13. Birthplace Pishey Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name Syd. Walker
15. Birthplace Pishey Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant John Kanehl
(b) Address Poplar Bluff, Mo Rt 2

17. (a) Burial (b) Date thereof 9-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation air sealing cme.

18. (a) Signature of funeral director Minnie J. Lish

(b) Address Naylor, Mo

19. (a) 9-10-42 (b) Belle Kimmel
(Date received local registrar) (Registrar's signature)

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

12
7
3

12
7
3

RECEIVED

District Health Office No. 2,

District File Number 942-1204

Date Filed 9-31-42

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 A. C. Mc Cord

Licensed Embalmer No. 4079

P. O. Address Naylor

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, fact should be so stated above.