

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 14 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 3000

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Green-Smith Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Crowning (Rural)  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Margaret Kenley

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1943 hour 3 minute 30 A. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband John R. Kenley 6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased July 3, 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 28, 1943, to Mar 22, 1943  
that I last saw her alive on Mar 20, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized abdominal cancer involving large portion of liver

Due to Cancer of the pancreas (primary)

8. AGE: Years 61 Months 6 Days 19 hr. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

Duration 6-7 mos

Other conditions (Include pregnancy within 3 months of death) None

9. Birthplace Sullivan County, Missouri  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

10. Usual occupation at home on farm

PHYSICIAN Heg

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Napoleon C. Arnold

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

14. Maiden name Lucinda Crowder

15. Birthplace Marion Co. Ky.  
(City, town, or county) (State or foreign country)

12. 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

16. (a) Informant Mrs. Myrtle Manley

(b) Address Moberly, Mo.

17. (a) Burial (b) Date thereof Mar. 24, 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT Zion Cem Moberly, Mo.

18. (a) Signature of funeral director Schoenly

(b) Address Moberly, Mo. Frank D.

19. (a) 3/24/43 (b) Th. C. Decker  
(Date received local registrar) (Registrar's signature)

23. Signature George E. Grim (M. D. or other) MD

Address Kirkville, Missouri Date signed 3-22-43

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

APR 28 1943

RECEIVED

District Health Officer No. 10

District File Number 4-43-733

Date Filed APR 13 1943

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

*Frank D. Schwene*

Licensed Embalmer No.

2916

P.O. Address

*Milan, W.*

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.