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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 8 1943
Registration District No. 213

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11044

State File No. _____
Registrar's No. 33

Primary Registration District No. 5919

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Lithium Mo. Saline Twp
(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 _____ (Specify whether)
In this community 82-4-11 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry
(c) City or town Lithium Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Kenner
(b) If veteran, name war _____ (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 20
year 1943 hour 3 minute 50 PM
21. I hereby certify that I attended the deceased from Mar 1 1943
19____ to Mar 20 1943, 19____
that I last saw him alive on Mar 20 1943, 19____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Louisa Kenner
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased November 9 1860
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia

8. AGE: Years 82 Months 4 Days 11
If less than one day _____ hr. _____ min.

Due to Pernicious Anemia for several years
Due to _____

9. Birthplace St. Genevieve Co. Mo.
(City, town, or county) (State or foreign country)

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

10. Usual occupation Farmer

Major findings: Of operations _____
Of autopsy _____
108

11. Industry or business _____

MOTHER FATHER { 12. Name John F. Kenner
13. Birthplace St. Genevieve Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mitilda Brown
15. Birthplace St. Genevieve Co. Mo.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Louisa Kenner
(b) Address Lithium Mo.
17. (a) Burial (b) Date thereof 3-23-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Fork, Mo.

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature John H. Bailey (M. D. or other) _____
Address Perryville Date signed 3-22-1943

18. (a) Signature of funeral director James E. Gane
(b) Address Perryville, Mo.
19. (a) 3-22-43 (b) Charles E. Elder
(Date received local registrar) (Registrar's signature)

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

1326

RECEIVED

District Health Officer No. 4
District File Number 443-203
Date Filed 4-7-43

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 Walter Young
Licensed Embalmer No. 4027
P. O. Address Perryville MD

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.