S. No. 2
—9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24699

Registration District No. 70 Primary Registration District No. 4123 Registrar's No. 49

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Wayland.
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23 0 0

(c) City or town Wayland.
(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 0

3. (a) PRINT FULL NAME Anna May Hennessy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. M.

5. Color or race W.

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

6. (b) Name of husband or wife Richard M Hennessy

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased May 26 (Month) 1879 (Day) (Year)

8. AGE: Years 63 Months 11 Days 21 If less than one day hr. min.

9. Birthplace Tazewell Co (City, town, or county) Illinois (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Samuel Krile
13. Birthplace Hamburg (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Catherine Rupp
15. Birthplace Tazewell Co (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Maria Hennessy

(b) Address Wayland Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-43 (Month) (Day) (Year)

(c) Place: burial or cremation St Patrick Cemetery

18. (a) Signature of funeral director Fred J Karle

(b) Address Kahoka Mo.

19. (a) 6-9-43 (Date received local registrar) (b) Perry A. Barton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th year 1943 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from May 14 1942 to May 17 1943 that I last saw her alive on May 17 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Parcenoma of the Lens

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46 f

Of autopsy

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?
(Specify type of place)

While at work (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~)

Address Kahoka Mo Date signed 6/

1073

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 8-43-1250
Date Filed AUG 5 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 Fred J Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka 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, fact should be so stated above.