V. S. No. 2
100M—2-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22703

Registration District No. 381

Primary Registration District No. 6183 45 15

Registrar's No.

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

105
1
0

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Milan
(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 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan

(c) City or town Milan 105
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Ellen Kenley

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Breckenridge Kenley

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

7. Birth date of deceased December 6 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Monroe Co. Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name George Price
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Baker
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Peter Bennett
(b) Address Milan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 1944
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem. Milan

18. (a) Signature of funeral director Schoene Funeral Service
(b) Address Milan Mo. F.D. Schoene

19. (a) July 8 44 (Date received local registrar) (b) Mrs. L. D. Green (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
year 1944 hour 4 minute 00 a. M.

21. I hereby certify that I attended the deceased from June 18, 1944, to June 23, 1944
that I last saw her alive on June 18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to

Due to

Other conditions Fecal impaction
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

93d

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 J. S. Montgomery (M. D. or other) 6/24/44
Address Milan Mo. Date signed June 1

1190 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-44-1336
Date Filed JUL 13 1944

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. Schoene

Licensed Embalmer No. 2016

P. O. Address Milan, 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.