

FILED MAR 7 1946

STANDARD CERTIFICATE OF DEATH

State File No. **5040**

Registration District No. **79**

Primary Registration District No. **5302**

Registrar's No. **2**

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

1. PLACE OF DEATH:

(a) County **Polk**
(b) City or town **Elaton** (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Next to McKenna Store** (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community **3.5 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole**
(c) City or town **Elaton** (If outside city or town limits, write "RURAL")
(d) Street No. **Next to McKenna Store** (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Patrick McKenna

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **Male**

5. Color **White**

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

6. (b) Name of husband or wife **Lydia**

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

7. Birth date of deceased **Jan 21 1871**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	0	11	hr. _____ min. _____

9. Birthplace **Monroeville, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Foreigner**

11. Industry or business **For self**

12. Name **Edward McKenna**

13. Birthplace **Unknown Ireland** (City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Kennedy**

15. Birthplace **Belton, Va.** (City, town, or county) (State or foreign country)

16. (a) Informant **Lydia McKenna**

(b) Address **Elaton, Mo.**

17. (a) **Buried** (b) Date thereof **2-6-45** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calverton, Mo.**

18. (a) Signature of funeral director **James Lewis**

(b) Address **700 Jefferson**

19. (a) **2-6-1946** (b) **W. H. H. H. H. H.** (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **4** year **1946** hour **6** minute **15** M.

21. I hereby certify that I attended the deceased from **Dec 15 1943** to **Feb 4 1946** that I last saw him alive on **Feb 3 1946** and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy** Duration **40 min**

Due to **idiopathic hypertension** 10 years

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **g 30**

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury **0**

23. Signature **W. H. H. H. H.** (a) _____ (b) _____ (c) _____ (Date signed **2/6/46**)

Address **Calverton** Date signed **2/6/46**

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-6-46

JAN 31 1953

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 [Signature]

Licensed Embalmer No. 3641

P. O. Address [Signature]

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.