

S. No. 2
A-12.45
v. 5-17-39
F I X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 26 1946
10

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36005**
159
Registrar's No. _____

Registration District No. _____ Primary Registration District No. **3002**

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

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Vandalia, Mexico
(c) Name of hospital or institution:
Audrain Co. County Hosp.
(d) Length of stay: In hospital or institution 1 day
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County AUDRAIN
(c) City or town Vandalia, Mo.
(d) Street No. 909 BOOKER
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Samantha GARTH KENNY
3. (b) If veteran, name war _____
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 3
year 1946 hour 11 minute 35 A.M.
21. I hereby certify that I attended the deceased from
11/1, 1946 to 11/3, 1946
that I last saw her alive on 11/3, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorsey Kenny
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased: April 15 1900

Immediate cause of death Intestinal obstruction
Due to Carcinomatosis of abdomen
Due to Primary carcinoma of Rectum
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 46 Months 6 Days 19
9. Birthplace: Dalton Missouri
10. Usual occupation Housewife

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy 46D
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name William Eristo
13. Birthplace Dalton Missouri
14. Maiden name Sidella Allen
15. Birthplace Salsberry Missouri

16. (a) Informant Dorsey Kenny
(b) Address 909 Booker Vandalia Mo
17. (a) Burial (b) Date thereof Nov 6 1946
(c) Place: burial or cremation Dalton, Missouri
18. (a) Signature of funeral director W.S. Waters
(b) Address Vandalia, Mo.
19. (a) Nov 4 1946 (b) Blanche Neely

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____
23. Signature Thos. J. Sawyer, M.D. (M. D. or other) _____
Address Vandalia, Mo. Date signed 11/7/46

RECEIVED
District Health Officer No. 10
District File Number 10-46-2111
Date Filed NOV 25 1946

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..... *H. B. Waters*

Licensed Embalmer No. *4169*

P. O. Address..... *Dandalia 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.