

FILED JUN 11 1947

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County NodawayTownship LincolnCity Elmo, (Rural)(No. 1)Registration District No. 251Primary Registration District No. 5846

18266 71

File No. 71Registered No. 0St. Mo.Ward) 02. FULL NAME KENNY Mack Ecker(a) Residence, No. 0

(Usual place of abode)

St. Mo.Ward. 0

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 5 mos. 29 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male <u>0</u>	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single <u>0</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 21st 1938</u>		
7. AGE YEARS <u>9</u>	MONTHS <u>5</u>	DAYS <u>29</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>X</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>X</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>X</u>

12. BIRTHPLACE (CITY OR TOWN) Shenandoah, Iowa.
(STATE OR COUNTRY) Iowa13. NAME Orie H. Ecker14. BIRTHPLACE (CITY OR TOWN) College Springs,
(STATE OR COUNTRY) Iowa.15. MAIDEN NAME Lola H. McCumber16. BIRTHPLACE (CITY OR TOWN) Elmo,
(STATE OR COUNTRY) Missouri17. INFORMANT Orie M. Ecker
(ADDRESS) Elmo Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Burial DATE May 22nd 194719. UNDERTAKER L. M. Stevenson
(ADDRESS) College Springs, Iowa.20. FILED 5/28 1947 Bess Holt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 20 19 4722. I HEREBY CERTIFY, That I attended deceased from May, 20, 19 47, to May, 20, 19 47I last saw him alive on May, 20, 19 47 Death is saidto have occurred on the date stated above, at 5.45 P.m.

The principal cause of death and related causes of importance were as follows:

Convulsions
Spina-bifida lumbar region.
hydrocephalus last 5 years.Date of onset
5/20/47Other contributory causes of importance:
13 15Name of operation no Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? noIf so, specify S. A. Reutter MD(Signed) G. A. Reutter 5/21/47 M. D.(Address) Rockport, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

100M-11-24-33

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DISTRICT HEALTH OFFICE
Cameron, Mo.