

FILED DEC 17 1947

Registration District No. _____

Primary Registration District No. 4217

Registrar's No. 262

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Urich Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 1/2 weeks or more
years, months or days)

3. (a) PRINT FULL NAME MARGARET ANN KEDIGH

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Michael Kedigh 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 29 1923
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Jus Carabas County Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Farming

12. Name Benedict Edward Hanny

13. Birthplace Switzerland Europe
(City, town, or county) (State or foreign country)

14. Maiden name Magdalene Jhndor

15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Ben & Kedigh
(b) Address Urich Mo

17. (a) Burial (b) Date thereof 12-11-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove

18. (a) Signature of funeral director W. J. Pizer
(b) Address Urich Mo

19. (a) 12-16-47 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Urich 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29th 9
year 1947 hour 9:00 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6 weeks
2 years, 19____, to Dec 9 1947;
that I last saw her alive on Dec 9 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis 10-year
cardio-renal disease 8-year

Due to Senility 18-year

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

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) (e) Means of injury _____

23. Signature J. J. McDonald (M. D. or other) _____
Address Urich Mo Date signed 12-17-47

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

1200

MOTHER FATHER

RECEIVED
DEPT. OF HEALTH
DIVISION OF HEALTH
11-47-1943
12-17-47
Date Recd. 12-17-47
CHARGE NO. 7

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 R R Kenney.....

Licensed Embalmer No. 3099.....

P. O. Address Clinton 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.