No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 21 1948

Registration District No. 1408

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 12179

Registrar's No. 286

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: O'Reilly VA Hospital 0
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution: 9 Days (Specify whether
In this community: 40 Yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED: 39
(a) State: Missouri (b) County: Greene
(c) City or town: Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 1345 North Clay St. 6
(If rural, give location)
(e) Citizen of foreign country?: No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: McKENNA, Joseph M.
3. (b) If veteran, name war: Spanish American
3. (c) Social Security No.:

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Mrs Martha McKenna
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: October (Month) 1 (Day) 1881 (Year)

8. AGE: Years	Months	Days	If less than one day
66	6	3	15 hr. 45 min.

9. Birthplace: New York City, New York. 1
(City, town, or county) (State or foreign country)
10. Usual occupation: Resturant Operator
11. Industry or business: As Above
MOTHER FATHER
12. Name: Unknown
13. Birthplace: Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Ireland 4
(City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Martha McKenna
(b) Address: Springfield Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 8-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: National
18. (a) Signature of funeral director: J. W. Klingner & Co.
(b) Address: Springfield Mo.
19. (a) 5-2-48 (Date received local registrar) (b) M. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1948 hour 15 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 26, 1948, to April 4, 1948; that I last saw him alive on April 4, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute perforation of ulcer of duodenum.	
Due to: Chronic duodenal ulcer.	
Due to:	
Other conditions: Generalized ~~arterial~~ PGE arteriosclerosis. Old infarction of left ventricle of heart	

(Leading to death, but not related to cause given above)

Major findings:
Of operations: 1-1-2
Of autopsy: Same as above!

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

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 kind of place) (e) Means of injury:

23. Signature: Paul Eccle (M. D. or other)
Address: VA Hosp. Springfield, Mo Date signed: 4/4/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Ogle Stone Jr.

Licensed Embalmer No. 4976

P. O. Address Springfield

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.