

FILED JUN 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16113
Registrar's No. 112

Registration District No. 137

Primary Registration District No. 2023

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 306 South Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 years
years, months or days)

3. (a) PRINT FULL NAME Lera Frances Kenney

3. (b) If veteran, name war 0 3. (c) Social Security No. 0

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife R. R. Kenney 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Oct-24-1889
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days - If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name C. P. Oglesby

13. Birthplace Knobloster Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ruby R. Seaton

15. Birthplace Cedar Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant R. R. Kenney

(b) Address 306 South Main

17. (a) Burial (b) Date thereof May 26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden City

18. (a) Signature of funeral director Consuelo Beck

(b) Address Clinton

19. (a) 5-23-48 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry 42
(c) City or town Clinton 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 306 South Main 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1948 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 12, 1948, to May 24, 1948
that I last saw her alive on May 24, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral Hemorrhage 10 days
Due to _____

Due to _____

Other conditions Hypertension 8 years
(Include pregnancy within 6 months of death) Chronic Nephritis 3 years

Major findings: 13
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? _____

(Specify type of place) While at work _____ (e) Means of injury MI
Signature R. R. Kenney (M. D. or other) MI
Address Clinton Date signed 5/24/48

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

RECEIVED

District Health Officer No. 7,

District File Number 5-48-582

Date Filed 6-1-48

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.....

J. E. Connelley

Licensed Embalmer No. 1891

P. O. Address.....

Antonia

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.