

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1517

BIRTH NO.		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5369		Registrar's No. 24	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Raytown		a. STATE Missouri		b. COUNTY Jackson	
c. LENGTH OF STAY (in this place) 6 1/2 years		c. CITY (If outside corporate limits, write RURAL and give township) Raytown Rural Brookings		d. STREET ADDRESS (If rural, give location) 10,200 E. 63rd Street		d. STREET ADDRESS (If rural, give location) 10,200 E. 63rd Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 10,200 East 63rd Street		3. NAME OF DECEASED		4. DATE OF DEATH		5. SEX	
a. (First) Sarah		b. (Middle) Louisa		c. (Last) Kenagy		Jan. 23, 1949	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 23, 1859		9. AGE (In years last birthday) 89	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Reynolds, Illinois		12. CITIZEN OF WHAT COUNTRY? A. American	
13a. FATHER'S NAME Alvah Coffman		13b. MOTHER'S MAIDEN NAME Lois Pratt		14. NAME OF HUSBAND OR WIFE Rudolph H. Kenagy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME C. Lee Kenagy - 10,200 E. 63rd St.			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Lobar Pneumonia				2 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) Senility					
		DUE TO (c) Carcinoma of Sigmoid				2-3 yrs	
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Theodore Conrags, D.O.				23b. ADDRESS Raytown, Mo.		23c. DATE SIGNED 1-24-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE Jan. 25, 1949		24c. NAME OF CEMETERY OR CREMATORY Sweet Hill		24d. LOCATION (City, town, or county) (State) Warrensburg, Mo.	
DATE REC'D BY LOCAL REG. Jan-27-49		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Raytown, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clark Hegert

Licensed Embalmer No. 3983

P. O. Address Raytown 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.