

FILED AUG 24 1949

STANDARD CERTIFICATE OF DEATH

26470

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> <u>26</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u> <u>56</u>	
c. LENGTH OF STAY (in this place) <u>Unk</u>		d. STREET ADDRESS (If rural, give location) <u>1116 Monroe St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1116 Monroe St.</u>			

3. NAME OF DECEASED (Type or Print) <u>Nettie L. Kanenbley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 17, 1949</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 11 1888</u>	9. AGE (In years last birthday) <u>81</u>	if UNDER 1 YEAR <u>2</u>	if UNDER 4 HRS. <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>		11. BIRTHPLACE (State or foreign country) <u>Versailles, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Robert Hughes</u>	13b. MOTHER'S MAIDEN NAME <u>Malissu Anthony</u>	14. NAME OF HUSBAND OR WIFE <u>Herman Kanenbley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Oehrke</u>	ADDRESS <u>Jefferson City, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensated Heart</u>	DUE TO (b) <u>Arteriosclerosis</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Fractured Hip Right</u>		<u>29 30</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	<u>Pulmonary disease</u>		<u>20</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>Injury</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Sedalia Pettis Co. Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 17 1949</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on floor</u>
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22. I hereby certify that I attended the deceased from May 19, 1949, to August 17, 1949, that I last saw the deceased alive on August 19, 1949, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. G. Bruce M.D.</u>	23b. ADDRESS <u>234 Madison Jefferson City, Mo.</u>	23c. DATE SIGNED <u>Aug 18/49</u>
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24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>	24b. DATE <u>8-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Syracuse Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Syracuse Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Aug 18-49</u>	REGISTRAR'S SIGNATURE <u>R. P. Dorris M.D.</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buscher</u>	ADDRESS <u>Jefferson City, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

26
5
4

RECEIVED
AUG 22 1949
District Health Officer No. 9;
District File Number

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. 315

working under my personal supervision.

Student Bill Branson
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.