

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24090**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **214** PRIMARY REG. DIST. NO. **5778a** Registrar's No. **49**

1. PLACE OF DEATH a. COUNTY <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Elizabeth</b>	c. LENGTH OF STAY (In this place) <b>life</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Elizabeth 066</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED a. (First) <b>Elizabeth</b> b. (Middle) <b>Margaret</b> c. (Last) <b>Kenna</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 1, 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 18, 1890</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Elizabeth, Missouri 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>William Wetlock</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Lucas</b>		14. NAME OF HUSBAND OR WIFE <b>George Kenna</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>George Kenna St. Elizabeth, Mo.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
ANTECEDENT CAUSES		DUE TO (b) <b>Cerebral Apoplexy</b>		<b>2 days</b>
DUE TO (c) <b>Nephritis.</b>		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)		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 **6/29/50**, 19**50**, to **7/1/50**, 19**50**, that I last saw the deceased alive on **7/1/50**, 19**50** and that death occurred at **2:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>S. W. Gordon M.D.</b>		23b. ADDRESS <b>Meta, Mo.</b>		23c. DATE SIGNED <b>7/1/50</b>	
---	--	-------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial 0</b>		24b. DATE <b>7/3/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Lawrence Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Elizabeth, Missouri</b>	
---	--	-------------------------	--	---	--	--	--

DATE REC'D BY LOCAL REG. <b>7/3/1950</b>		REGISTRAR'S SIGNATURE <b>John H. Schwidterman 194</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Walter T. Nedges</b>		ADDRESS <b>Iberia, Mo.</b>	
--	--	---	--	--	--	----------------------------	--

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

VS NOV 9 1959

RECEIVED

JUL 12 1950

MILLER COUNTY HEALTH DEPARTMENT

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

*Walter P. Nease*

Licensed Embalmer No.

*14265*

P. O. Address

*Theriot, 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.