

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35335
Do not use this space.

1. PLACE OF DEATH
(a) County Adair Registration District No. 4
(b) Township Kirkville Primary Registration District No. 3001
(c) City Kirkville (d) Street No. 112 E. Patterson Registered No. 253
(If death occurred in Hospital or Institution, write its name instead of street and number) Grinn Smith Hospital
(e) Length of residence in city or town where death occurred 510 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Hora Elsie Schenck
(a) Residence, No. Knox City, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl F. Schenck
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 - 1899
7. AGE YEARS 49 MONTHS 0 DAYS 24 IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co Mo.

FATHER 13. NAME William Leungood

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Ida May Poagle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Babell Mo.

17. INFORMANT (ADDRESS) Arthur Leungood
Daniella Olds

18. BURIAL, CREMATION, OR REMOVAL PLACE Knox City Mo. DATE Oct 16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) August Walter
Knox City Mo.

20. FILED Oct. 20 1939 Spencer L. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 14 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23 1939, to Oct 14 1939

I last saw her alive on Oct 14 1939 Death is said to have occurred on the date stated above, at 4:55 P.M.

The principal cause of death and related causes of importance were as follows:

Cholecystitis & stones attacks for - 2 yrs -
Acute cholecystitis
10-13-39

Other contributory causes of importance:
Returned to hospital with apparent
Coronary embolism
10-13-39

Name of operation - Cholecystectomy + removal of stones Date of 7-23-39
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) George E. Grinn M. D.
Kirkville, Missouri

RECEIVED

District Health Officer No. 10

District File Number 11-39-2015

Date Filed NOV 15 1939

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 Frederick Wolter

Licensed Embalmer No. 684

P. O. Address Brooklyn, N.Y.

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, above space should be left blank.