DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36063

Registration District No. 689 · Primary Registration District No. 3033 · Registrar's No.

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 year - 4 mo - 28 days (Specify whether years, months or days)
In this community: AT INTERVALS ENTIRE LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pike
(c) City or town: Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No.: 405 N. 3rd St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Andrew Edward Senteny
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: August (Month) 25 (Day) 1859 (Year)

8. AGE: Years 81 Months 2 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace: Pike Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: retired CLERK
11. Industry or business: COUNTY, BANK & NURSERY
FATHER
12. Name: Pembroke Senteny
13. Birthplace: Louisiana (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Fanny McQuie
15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Pike County Hospital
(b) Address: Louisiana, Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: OCT. 30 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: RIVERVIEW CEM.
18. (a) Signature of funeral director: W. J. Sue
(b) Address: Louisiana Mo
19. (a) Oct 29/40 (Date received by local registrar) (b) F. B. Haley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28 year 1940 hour 3 minute 50 A.M.
21. I hereby certify that I attended the deceased from 5-31-39 to 10-28-40 and that I last saw him alive on 10-28-1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia Hypostatic	9 days
Due to Infirmities of old age	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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
23. Signature: Charles P. Lewellen M.D. (M. D. or other)
Address: Louisiana Mo. Date signed: 10/29/40

(Licensed Embalmer's Statement on Reverse Side)

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

X23159

194

RECEIVED
District Health Officer No. 10
District File Number 11-40-2066
Date Filed NOV 8 1940

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 J. B. Sterne, Registered Apprentice No. ..... working under my personal supervision.

Signed J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
-2-21-40
I X22659

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

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STANDARD CERTIFICATE OF DEATH

State File No. 36063

Registration District No. 689 Primary Registration District No. 3033 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Andrew Edw. Senteny

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 3 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Hypostatic

Due to Infirmities of old age

Due to Death was due to Hypostatic Congestion Commonly Called Hypostatic Pneumonia

Other conditions (include pregnancy within 3 months of death) It is Neither Lobar nor Bronchial

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

23. Signature Charles P. Lewellen MD (M. D. or other)
Address Louisiana MO Date signed