

U. S. No. 2
Form—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 24 1942
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27307

State File No.

Registration District No. 394 Primary Registration District No. 4227 Registrar's No. 61

1. PLACE OF DEATH:
(a) County West Plains
(b) City or town West Plains
(c) Name of hospital or institution: Chicago Hospo
(d) Length of stay: In hospital or institution 7 yrs
In this community 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Haskell
(c) City or town West Plains
(d) Street No.
(e) Citizen of foreign country? 0

3. (a) PRINT FULL NAME Larvie Dean Kechenbug
(b) If veteran ✓ (c) Social Security No. 2

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 25
year 1942 hour 9 minute 30 A.M.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced SO
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased July 11 - 1922

21. I hereby certify that I attended the deceased from 6-18-1942 to 6-25-1942
that I last saw him alive on 6-25-1942
and that death occurred on the date and hour stated above. 8AB Duration

8. AGE: Years 20 Months Days If less than one day hr. min.

Immediate cause of death Acute Cor. Dilatation (Over strain) Fibriation

9. Birthplace Archer Neb.

Due to Chronic Cardiac Hypertrophy & Dilatation 2 yrs.

10. Usual occupation Laborer

Due to Overstrain & Engorgement 1936 8AB

MOTHER FATHER
11. Industry or business
12. Name August Kechenbug
13. Birthplace Hartsville Mo.
14. Maiden name Jessie Kechenbug
15. Birthplace West Plains Neb.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 95c
Of autopsy

16. (a) Informant A. J. Kechenbug
(b) Address West Plains Mo
17. (a) (b) Date thereof 6/28-42
(c) Place: burial or cremation St. Louis

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

18. (a) Signature of funeral director Robert M. ...
(b) Address West Plains Mo
19. (a) 7-6-42 (b) Paul Stahl

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?

While at work? (Specify type of place) (e) Means of injury 0
23. Signature E. L. Bohrer (M. D. or other) MD
Address West Plains Mo Date signed 7-1-42

RECEIVED

District Health Officer No. 5

District File Number 7426-92

Date Filed 9-19-42

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed J. D. Roberts

Licensed Embalmer No. 3432

P. O. Address Mr. Thane 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.