

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED AUG 13 1943

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

25550
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Co Registration District No. 224

(b) Township Walker Primary Registration District No. 3046 Registered No. 106

(c) City California Mo (d) Street No. 0 Latham Sanitarium St. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. 0 How long in U. S., if of foreign birth? yrs. mos. ds. 0

2. PRINT FULL NAME James Newton Kenshaw

(a) Residence, No. 0 Brunston Mo St. 0 (If nonresident, give city or town and State) 0
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Cara Ann Kenshaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8, 1863

7. AGE YEARS <u>79</u>	MONTHS <u>8</u>	DAYS <u>1</u>	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year) 12/1/42 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau County Missouri

FATHER

13. NAME Alexander Kenshaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) War. 1

MOTHER

15. MAIDEN NAME Susan Stephens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co Mo

17. INFORMANT (ADDRESS) H. Kenshaw California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunston Mo DATE Aug 11, 1943

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. G. Vasquez Brunston Mo

20. FILED 8-9-43 A. J. Allen Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9 1943

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1943, to Aug 9, 1943

I last saw the alive on Aug 9, 1943 Death is said to have occurred on the date stated above, at 6 P.M.

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

Cerebral Hemorrhage

Other contributory causes of importance: Arterio Sclerosis

Name of operation none Date of Aug 10 1942 to 9th

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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? _____

If so, specify L. L. Latham, M. D.
(Signed) L. L. Latham, M. D.
(Address) California Mo

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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.

my self

Signed.....

S. Y. Parker

Licensed Embalmer No.....

25,47

P. O. Address.....

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.