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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31088

State File No.

FILED SEP 26 1945

Registration District No.

Primary Registration District No. 5847

Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Wilcox, Nodaway  
(c) Name of hospital or institution: None  
(d) Length of stay: In hospital or institution None  
In this community Most all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Wilcox  
(d) Street No. Rural 4 North  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME

Eva Matilda Kenny

3. (b) If veteran, name war.

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 28  
year 1945 hour 10 minute 10 A.M.  
21. I hereby certify that I attended the deceased from SEPT 8, 1945, to SEPT 8, 1945.  
that I last saw her alive on SEPT 8, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death: CHRONIC MYOCARDITIS  
Duration 10yr

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced W x  
6. (b) Name of husband or wife Milton Kenny, deceased  
6. (c) Age of husband or wife if deceased years  
7. Birth date of deceased April 6 1879  
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 2  
If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

12. Name Isaac German

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

14. Maiden name Maria White

15. Birthplace Parisville Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clara Shell

(b) Address Maryville Mo.

17. (a) Burial (b) Date thereof 9-10-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation C.P.O.F. Graham

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Maryville Mo.

19. (a) 9-10-1945 (b) W. W. Langfacter  
(Date received local registrar) (Registrar's signature)

Other conditions: (Include pregnancy within 3 months of death)  
Major findings: 920  
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?

23. Signature W. W. Langfacter (M. D. or other) DO  
Address Maryville Mo. Date signed 9-10-45

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

1269

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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.

Signed.....

..... Licensed Embalmer No.....

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, fact should be so stated above.**