

U.S. Social Security Administration
Office of Vital Statistics
FILED SEP 18 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30272**

Registration District No. **80**

Primary Registration District No. **4141**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **Cole Co**
(b) City or town **Centertown, Mo Marion**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Centertown, Mo /**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cole 26**
(c) City or town **Centertown, Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **Centertown, Mo**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **George Edward McKenna**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Cora McKenna**

6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **June 30 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 2 8 hr. min.

9. Birthplace **Missouri 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant Retired**

11. Industry or business

12. Name **Edward McKenna**

13. Birthplace **Unknown 7**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Cora McKenna**

(b) Address **Centertown, Mo**

17. (a) **Burial** (b) Date thereof **Sept. 9, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Centertown Cent**

18. (a) Signature of funeral director **Bowlin Funeral Home**

(b) Address **California, Mo**

19. (a) **Sept. 9** (b) **Mrs. Minnie Nettum**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **7**
year **1947** hour **8** minute **15** M.

21. I hereby certify that I attended the deceased from **June 1947** to **Sept 7 1947**
that I last saw him alive on **Sept 7 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Anoxia**

Due to **Abuse of force**

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

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

23. Signature **Charles H. Phillips** (M.D. or other)

Address **Centertown, Mo** Date signed **9/9/47**

Duration

5 min

Sign

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 17 1947

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 me

..... Registered Apprentice No.
working under my personal supervision.

Signed Earl R. Bowlin

Licensed Embalmer No. 2126

P. O. Address California Me

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.