

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D NOV 21 1938

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

34705
 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399

(b) Township Haw Primary Registration District No. 1002

(c) City Jackson City (d) Street No. St. Luke's Hospital Registered No. 4044

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 54 yrs. mos. ds.

2. PRINT FULL NAME James Clarence Kenney

(a) Residence, No. 1400 Huntington Rd. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. MARY E. KENNEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.
<u>68</u>	<u>74</u>	<u>2</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. Lighting & Electrical

10. Date deceased last worked at this occupation (month and year) Jan 1938 Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GRIGGSVILLE ILLINOIS

FATHER

13. NAME UNKNOWN Kenney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (NAME) (ADDRESS) E. H. Levitz 400 Huntington Rd

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Washington DATE Oct. 17 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Newcomer's Son Blue Ash Creek & Passes

20. FILED Oct 17 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 30, 1938, to Oct 14, 1938. I last saw him alive on Oct 14, 1938. Death is said to have occurred on the date stated above, at 6:45 P.M.

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

Uremia (ascending renal infection) (nitrogenous retention)

Other contributory causes of importance: enlarged prostate

Name of operation no Date of no

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? no, specify _____

(Signed) E. Lee Mueller, M. D.

(Address) 032 Professor

K C W

0-432
Maryland
711 0967

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 _____

Neil Carr

Licensed Embalmer No. _____

3976

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.