REG'D MAY 1 9 1939

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

15015
Do not use this space.

1. PLACE OF DEATH
(a) County Howell
(b) Township West Plains Twp
(c) City West Plains
Registration District No. 384
Primary Registration District No. 4227
Registered No.
(d) Street No. , St.
(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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jas. Edw. Kenney
(a) Residence, No. West Plains, Mo. St.
(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: Wht
4. COLOR OR RACE: Ma
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Kenney
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-16-1865
7. AGE: Years 73 | Months 3 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Painter
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Nicholas Kenney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT Mrs. J. E. Kenney
(ADDRESS) West Plains, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Lawn DATE 3/11- 1939
19. FUNERAL DIRECTOR (NAME) Robertson
(ADDRESS) West Plains Mo
20. FILED 3-11- 1939 Vida W Simons
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9- 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1939 to March 9, 1939
I last saw him alive on March 8, 1939. Death is said to have occurred on the date stated above, at 11:55 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:
Chr. Nephritis

Name of operation None Date of
What test confirmed diagnosis? Clinically Was there an autopsy?

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
(Signed) R. E. Hagan M. D.
(Address) West Plains Mo
Hagan

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

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, above space should be left blank.