

No. 2
-11-10-39-
5-17-39-
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17523

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2050

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4200 East 53rd Street Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 50 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 4200 East 53rd Street Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

3. (a) PRINT FULL NAME Mr. Charles Granville Kenney

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Leona Kenney 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: January 19 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 3 28 hr. ----- min.

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

10. Usual occupation Machinist

11. Industry or business Laundry

MOTHER FATHER { 12. Name George Kenney

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

14. Maiden name Jane Barret

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

16. (a) Informant Mrs. Leona Kenney

(b) Address 2219 East 26th Street

17. (a) Burial (b) Date thereof May 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. H. Newsom's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 17, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th
year 1940 hour 4 minute 17 A. M.

21. I hereby certify that I attended the deceased from Jan 10, 1940 to May 16, 1940;

that I last saw him alive on May 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy Duration 5-10-40

Due to Chr. Myocarditis & Chr. Endocarditis

Due to 920

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy No 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? -----

While at work? (Specify type of place) (e) Means of injury -----

23. Signature John R. Lewis (M. D. or other)

Address 3548 S. Indiana Date signed 5-16-40

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Embalmers License

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. E. M.

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.