No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31700

OCT 12 1940

Registration District No. 165

Primary Registration District No. 5234

Registrar's No. 43

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Humansville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community All of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar

(c) City or town Rfd Washington Rural (If outside city or town limits, write "RURAL.")

0

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Art M Kenney

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Alice Kenney

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May (Month) 21 (Day) 1888 (Year)

8. AGE: Years 52 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Stockton, Cedar (City, town, or county) 0 (State or foreign country)

10. Usual occupation

11. Industry or business Farmer

0

MOTHER FATHER

12. Name Milton Kenney

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

14. Maiden name Ellen Hamby

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

16. (a) Informant James S. Kenney

(b) Address Humansville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-40 (Month) (Day) (Year)

(c) Place: burial or cremation Alder

18. (a) Signature of funeral director H. C. Davis & Co

(b) Address Stockton, Mo

19. (a) Sept 29-40 (Date received by local registrar) (b) Mrs Minnie Carleton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25

year 1940 hour 1:30 minute PM.

21. I hereby certify that I attended the deceased from Sept 24 19 40 to Sept 25 19 40

that I last saw h alive on Sept 25 19 40

and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound to chest

Due to Homicide

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

Sept

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 9-24-40

(c) Where did injury occur? One mile E of Stockton (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) Neighbors home

While at work? (e) Means of injury Shotgun

23. Signature James S. Kenney (M. D. or Coroner)

Address Stockton Mo Date signed 9-27-40

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Duncan

Licensed Embalmer No. 3272

P. O. Address Stockton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.