

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.

Registration District No. **1041**

Primary Registration District No. **5042c**

Registrar's No. **8**

1. PLACE OF DEATH:
 (a) County Barry
 (b) City or town Wheaton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Barry
 (c) City or town Wheaton
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location) _____
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CAROLYN LOUISE KENNEY
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 9 1941
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH, Month Feb. day 14 year 1941 hour 12 minute 8 M.
 21. I hereby certify that I attended the deceased from Feb - 8 - 1941, to Feb - 14 - 1941
 that I last saw her alive on Feb - 14 - 1941
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
			<u>5</u>	hr. <u>0</u> min.

9. Birthplace STELLA No. 0
 (City, town, or county) (State or foreign country)

Immediate cause of death Myocardial Insufficiency Birth
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

10. Usual occupation none
 11. Industry or business none
MOTHER FATHER
 { 12. Name Gordon Kenney
 13. Birthplace Mo. (State or foreign country)
 14. Maiden name NADEAN HILL
 15. Birthplace BAKERSVILLE CALIF (State or foreign country)
 16. (a) Informant's own signature Nadean Kenney
 (b) Address Wheaton, Mo.
 17. (a) Burial (b) Date thereof Feb. 15, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wanda Cemetery
 18. (a) Signature of funeral director Pogue & Son
 (b) Address Wheaton, Mo.
 19. (a) Mar. 7, 1941 (b) Donald Blankenship
 (Date received local registrar) (Registrar's signature)

Major findings: _____
 Of operations _____
 Of 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?
 32 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature C. Cardwell (M. D. or other) _____
 Address Stella, Mo. Date signed 2-20-41

RECEIVED

District Health Officer No. 6,

District File Number 441-513

Date Filed APR 2 1941 APR 2 1941

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.