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

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 13607

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1588

**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:
3802 Flora Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
In this community 55 Yrs.
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 48
(a) State Missouri (b) County Jackson
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3802 Flora Avenue 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Ada Mary Kenyon
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. George B. Kenyon
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased June (Month) 23 (Day) 1862 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 78 | 9 | 28 | hr. min. |

9. Birthplace Manchester (City, town, or county) England 4 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business --
MOTHER FATHER
12. Name Unknown Gough
13. Birthplace (City, town, or county) England 4 (State or foreign country)
14. Maiden name Bridget Unknown
15. Birthplace (City, town, or county) England 4 (State or foreign country)
16. (a) Informant Georg E. B. Kenyon
(b) Address 3802 Flora Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or crematory Memorial Park Cemetery
18. (a) Signature of funeral director O. F. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Apr. 22 1941 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 21st year 1941 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept. 1, 1938, to April 21, 1941, that I last saw her alive on April 21, 1941, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chronic Interstitial Nephritis | 4 yrs |
| Due to | |
| Due to also Arteriosclerosis | 3 yrs |
| Other conditions (Include pregnancy within 3 months of death) 131 | |
| Major findings: Of operations 121a | |
| 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature J. E. Donaldson (M. D. ~~or other~~)
Address 615 Argyle Bldg. Date signed 4/22/41

(Licensed Embalmer's Statement on Reverse Side)

11-3-38

**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. H C Newcomer

Licensed Embalmer No. 4043

P. O. Address K C Mo.

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

**If this body is not embalmed, fact should be so stated above.**