

FILED MAR 9 1942
Registration District No. 599

Primary Registration District No. 1002

State File No.
Registrar's No. 712

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:
3601 State Line
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 65 years
years, months or days)

3. (a) PRINT FULL NAME LOUISA WILLIAMS KENERSON
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Willard G. Kenerson
6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased March 22 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 27
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Self

MOTHER FATHER
12. Name Fountain Sampson
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Melissa Hickerson
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loretta Hanlon
(b) Address 3601 State Line

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 21, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park K.C. Mo.

18. (a) Signature of funeral director John Funeral Home

(b) Address 1901 Olath Blvd. K.C.K.

19. (a) 2/20/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3601 State Line
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19
year 1942 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from 27 to 9 PM 19 42
that I last saw not alive on Feb 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
Arteriosclerotic Infarction of Myocardium
Heart Disease
Due to Senility
93 D

Other conditions (Include pregnancy within 3 months of death)

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

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 0

23. Signature W. C. Carr, M.D. (M. D. or other)
Address 2420 Plaza Medical Bldg. Date signed 2/21

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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..... *W. L. Ward*.....

Licensed Embalmer No. 3991

P. O. Address. 309 E. 67th St

K. C. Mc

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, fact should be so stated above.