No. 2
-9-4-41
-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5437

FILED MAR 9 1942

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 590

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3401 Central Ave 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 1-½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48 3

(c) City or town Kansas City, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3401 Central
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Margaret Jane Kenna

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced 2 widowed

6. (b) Name of husband or wife John Kenna 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Aug. (Month) 9 (Day) 1868 (Year)

8. AGE: Years 73 Months 6 Days ✓ If less than one day ..... hr. ..... min.

9. Birthplace Monmouth (City, town, or county) 1 Ill. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

FATHER
12. Name James McMullen
13. Birthplace Unknown (City, town, or county) 4 Ireland (State or foreign country)

MOTHER
14. Maiden name Mary McNamara
15. Birthplace Unknown (City, town, or county) 4 Ireland (State or foreign country)

16. (a) Informant Leola Poulson
(b) Address 3401 Central, K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/42 (Month) (Day) (Year)
(c) Place: burial or cremation Hope, Kansas

18. (a) Signature of funeral director Kenney Funeral Home
(b) Address Mission, Kansas

19. (a) 2/10/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 42 hour about 5 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Oct 8 1939, 19.., to Feb 9, 1942
that I last saw her alive on Sept 1941, 19..;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: coronary occlusion	
Due to arteriosclerosis generalized 93D	
Due to	
Other conditions Chronic Myocarditis (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 .....
(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 Mervin J. Rumold (M. D. or other)
Address Plaza Medical Bldg K.C. Mo Date signed Feb 10 42

(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 J. A. Ramsey

Licensed Embalmer No. 4168

P. O. Address Wichita, Kansas

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, fact should be so stated above.