

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **9693**

FILED APR 8 1942

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1188**

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:  
**6927 Prospect**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **xx 1**  
**30 years** (Specify whether years, months or days)

In this community **30 years**

3. (a) PRINT FULL NAME **Eugene Kenner**

3. (b) If veteran, name war **xx**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Wh**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Anna Kenner**

6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **November 16 1864**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **4** Days **6** If less than one day hr. min.

9. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Baker**

11. Industry or business

MOTHER FATHER { 12. Name **No Record**

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

14. Maiden name **No Record**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna Kenner**

(b) Address **6927 Prospect**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Mar. 25-42**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **J. M. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **3-24-42** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 048**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **6927 Prospect**  
(If rural, give location)

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

If yes, name country **n**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **22nd**  
year **1942** hour **7:** minute **50 P. M.**

21. I hereby certify that I attended the deceased from **NOV. 25**, 19 **41** to **MAR. 22**, 19 **42**  
that I last saw him alive on **MAR. 16**, 19 **42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **PROSTATITIS**

Due to **137**

Other conditions **HYPERTENSION**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature **J. C. Linstead** (M. D. or other) **md**

Address **6944 Union St. K.C.** Date signed **Mar 23 42**

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

48  
3  
8

3  
8

Duration

-6RS

PHYSICIAN

Underline the cause to which death should be charged statistically.

6944  
JAN 4 1993  
Baltimore

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**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 A. R. Hainschuld

Licensed Embalmer No. 4159

P. O. Address J. C. MD

**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.**