S. No. 2
M—1-4-41
5-17-39
I · X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 9694

Registration District No. FILED APR 20 1942 299

Primary Registration District No. 1002

Registrar's No. 1354

48
3
8

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

**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: Wheatley Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community 6 days years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Clay 024

(c) City or town Excelsior Springs (If outside city or town limits, write "RURAL") 1

(d) Street No. 426 W. Excelsior (If rural, give location) 1

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

If yes, name country 1

3. (a) PRINT FULL NAME Jessie Lee Kenney

3. (b) If veteran, name war No.

3. (c) Social Security No. 491-01-9172

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mungella

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

7. Birth date of deceased Aug (Month) Unk (Day) 1872 (Year)

8. AGE: Years 69 Months 7 Days If less than one day hr. min.

9. Birthplace Platte City (City, town, or county) Mo (State or foreign country)

10. Usual occupation Porter

11. Industry or business Saloon

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

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

16. (a) Informant Hospital Record

(b) Address Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 6 (Day) 42 (Year)

(c) Place: burial or cremation Excelsior Springs

18. (a) Signature of funeral director Claude Richard

(b) Address Excelsior Springs Mo.

19. (a) 4/6/42 (Date received local registrar) (b) M. D. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 5th year 1942 hour 6:56 minute P M.

21. I hereby certify that I attended the deceased from March 30, 1942 to Apr 5, 1942 that I last saw him alive on Apr 5, 1942 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Septic Thrombo-phlebitis left leg | 6 days |
| Due to Bacteria | |
| Due to Toxemia | 6 days |
| Other conditions (Include pregnancy within 3 months of death) 100B | |

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 —

23. Signature L. Millman (M. D. or other) M.D.

Address 1618 Lydia Date signed 4/5/42

MC

361

(Licensed Embalmer's Statement on Reverse Side)

APR 20 1942

## 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 Steve J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

**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.**