

Registration District No. 213

Primary Registration District No. 3014

1. PLACE OF DEATH:
 (a) County Cole
 (b) City or town Jefferson City
 (c) Name of hospital or institution:
1206 East High Street
 (d) Length of stay: In hospital or institution. _____
 In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cole
 (c) City or town Jefferson City
 (d) Street No. 1206 East High Street
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Wesley Kenny
 3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 31 year 1942 hour _____ minute 2:15 M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced, none
 6. (b) Name of husband or wife Winifred Kenny
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased February 21 1887

21. I hereby certify that I attended the deceased from Jan 8 to May 31 1942 that I last saw him alive on May 31 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>3</u>	<u>10</u>	hr. _____ min _____

Immediate cause of death Carcinoma of Stomach with metastases to Liver and Intestines

9. Birthplace Callaway County, Missouri

Due to _____
 Due to _____
 Other conditions _____

10. Usual occupation Employe State Treasurer

Major findings: Of operations _____
 Of autopsy _____

MOTHER FATHER
 12. Name George W. Kenny
 13. Birthplace Callaway County, Mo.
 14. Maiden name Anna Bartley
 15. Birthplace Callaway County, Missouri

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Warren B. Kenney
 (b) Address Jefferson City, Missouri
 17. (a) Burial (b) Date thereof June-2-1942
 (c) Place: burial or cremation River View Cemetery

23. Signature _____
 Address Jefferson City, Mo Date signed 6-4-42

18. (a) Signature of funeral director Frank J. Gordon
 (b) Address Jefferson City, Missouri
 19. (a) 6-5-42 (b) Frank Richter
 (Date received local registrar) (Registrar's signature)

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

26
5
4

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

517

OCT 24 1952

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.....

Louis Quest
Licensed Embalmer No. 4079

P. O. Address..... Jefferson City

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.