

FILED MAR 17 1943

Registration District No. 101

Primary Registration District No. 5404

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Monongalia
(b) City or town rural Finley Town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Ellistt Kenney

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

4. Sex male 5. Color or Race w 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Harsh Hightower 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 28 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	4	27	hr. _____ min.

9. Birthplace Monongalia Co. Md
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Crawford Kenney

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

14. Maiden name Winters

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

16. (a) Informant Opess Kenney

(b) Address Seasport, Md

17. (a) burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Henry

18. (a) Signature of funeral director Henrietta Roller

(b) Address Ava, Md

19. (a) 3-1-43 (b) Thelma S. Waters
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Monongalia
(c) City or town rural
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1943 hour 2 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Old age had been bed fast 11 weeks had no doctor

Due to Old age cause of sickness

Due to _____

Other conditions (Include pregnancy within 3 months of death) 162 lb

Major findings: Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Thelma S. Waters Registrar

Address Ava, Md Date signed _____

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

34
0
0

RECEIVED

District Health Officer No. 6,

District File Number 343-928

Date Filed MAR 16 1943

HPR 8 100

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 Denver Keller

Licensed Embalmer No. 4006

P. O. Address Avd, mo.

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.