

S. No. 2
DOM-2-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17008

State File No.

2384

FILED JUN 7 1943
Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
39th & Troost in Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
(Specify whether
In this community 53 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2535 Summit 8
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME John J. Kennally

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

4. Sex m. 5. Color or race W. 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Aprox. 53 hr. min.

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

10. Usual occupation Painter

11. Industry or business

MOTHER FATHER { 12. Name John J. Kennally 4
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Casey
15. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

16. (a) Informant John Kennally Jr.

(b) Address 605 East 42rd St.

17. (a) Burial (b) Date thereof 5/26/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvery Cem.

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address K. C. Mo.

19. (a) May 25 1943 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 24
year 43 hour 12:15 minute M.

21. I hereby certify that I attended the deceased from 9:00 am 1943

that I last saw him alive on _____ 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic dependent fissure

Due to _____

Due to 94a

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy See above

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? Optical (Specify type of place) (M. O. number)

23. Signature Optical (M. O. number) 5/25/43
Address _____ Date signed _____

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

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.....

Francis Melton..... Registered Apprentice No. *2744*
working under my personal supervision.

Signed *J. A. Pegerman*.....
Licensed Embalmer No. *2744*
P. O. Address *A.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.