

Registration District No. **149** Primary Registration District No. **1002**

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:
218 East 48th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **35 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Clarence W. Kenney**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ida Kenney** 6. (c) Age of husband or wife if alive **68** years

7. Birth date of deceased **May 14, 1869**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	2	26hr.min.

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

10. Usual occupation **Stationary Engineer**

11. Industry or business

12. Name **Gus Kenney**

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

14. Maiden name **Emma Lew**

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

16. (a) Informant **Mrs. Ida Kenney**

(b) Address **218 East 48th Street**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8-12-43**
(Month) (Day) (Year)

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

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) **8-11-43** (Date received local registrar) (b) **P. E. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. **218 East 48th Street**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **August** day **10** year **1943** hour **7 40 P.** minute **19** M.

21. I hereby certify that I attended the deceased from **March 11** 19**43** to **August 10** 19**43** that I last saw h. **im.** alive on **August 10** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of upper abdomen present in right**

Due to **450**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Biopsy substantiated above diagnosis.**

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) (c) Means of injury

23. Signature **John H. Jones** (Physician) Date signed **8/11/43**

Address **800 Wayne Bldg & Co.**

The Dan Fickens

830 Cuyler Bldg

2 - 4:30

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

Walter H. Erwin

Licensed Embalmer No.

4352

P. O. Address

Kansas City, 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.