

FILED NOV 9 1943  
Registration District No. 2

Primary Registration District No. 1800

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1724 South 19th  
(If not in hospital or institution, write street number or location)

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

In this community 64 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 1724 South 19  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mathias Martin Kennan

3. (b) If veteran, name war no

3. (c) Social Security No. 702-12-9923

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Francis C. Kennan

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased Nov 26 1861  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	10	20	hr. _____ min.

9. Birthplace Trier Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Car Inspector for Mo. Pacific Rail Road

11. Industry or business \_\_\_\_\_

12. Name John Antone Kennan

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Mary Wurtz

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frances C. Kennan

(b) Address 1724 South 19th, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Oct. 19, 43  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Sedufadew

(b) Address 1802 Union, St. Joseph, Mo.

19. (a) Oct. 19-43 (b) Rose Herzog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16  
year 1943 hour 12:03 minute P M.

21. I hereby certify that I attended the deceased from Oct 12 to Oct 14 1943  
that I last saw him alive on Oct 14 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumo pneumonia

Duration 6 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: Anemia 180g  
(Include pregnancy within 3 months of death)

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) no 131

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? St Joseph Buchanan Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home 2nd floor

While at work? no (Specify type of place) (c) Means of injury

23. Signature: Frank W. Sedufadew (M. D. or other)  
Address: 620 Francis St Joseph, Mo Date signed: 10/19/43

1233

*Hartigan*

DEC 1 1948

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 *Chas E. Hodges*

Licensed Embalmer No. *2729*

P. O. Address *St Joseph 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.