

FILED JAN 7 1944

Registration District No. 7144

Primary Registration District No. 3012

Registrar's No. 381

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

1. PLACE OF DEATH:

(a) County Clay  
(b) City or town Excelsior Spgs Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
McCleary Hospital & Clinic  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution yes (Specify whether  
In this community unknown (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County 999  
(c) City or town Chelsea (If outside city or town limits, write "RURAL") 15  
(d) Street No. Rural (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country # 2

3. (a) PRINT FULL NAME William W. Kenner

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

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

(b) Name of husband or wife Leona 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased August 30 1913  
(Month) (Day) (Year)

8. AGE: Years 30 Months 4 Days 0 If less than one day  
hr. min.

9. Birthplace Tama Leo Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Labor

11. Industry or business

12. Name C. D. Tremmer  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records  
(b) Address Excelsior Springs Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-28-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Chelsea Iowa

18. (a) Signature of funeral director Robert Hope

(b) Address Excelsior Spgs Mo

19. (a) 12-28-43 (Date received local registrar) (b) Mrs. Sadie Redman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27  
year 1943 hour 2:00 minute 0 P. M.

21. I hereby certify that I attended the deceased from 12-27-43 to 12-27-43

that I last saw him alive on 12-27-43 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Occlusion

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Coronary Occlusion

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) Coronary Occlusion

(b) Date of occurrence 12-27-1943

(c) Where did injury occur? Excelsior Springs, Clay, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
McCleary Hospital  
(Specify type of place) (e) Means of injury

While at work? No (e) Means of injury

23. Signature R. W. Prather (M. D. or other)

Address Excelsior Springs, Mo Date signed 12-27-43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-6-44

FEB 29 1944

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 Zengel Hope  
Licensed Embalmer No. 3950  
P. O. Address 3950  
Epsalor Springs

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.