

Registration District No. 291 Primary Registration District No. 5994

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town RURAL - RICHLAND TOWNSHIP
(c) Name of hospital or institution: /
(d) Length of stay: In hospital or institution: /
In this community Life TIME

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PUTNAM 86
(c) City or town RURAL
(d) Street No. RICHLAND TOWNSHIP UNIONVILLE MO
(e) Citizen of foreign country? No (Yes or No)

3. (a) PRINT FULL NAME BERTHA LUELLA KINNEY
(b) If veteran, name war: / (c) Social Security No. /

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN day 13
year 1944 hour minute M.

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife SAMUEL EDWARD KENNEY 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased JANUARY 25 1891 (Month) (Day) (Year)

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.

8. AGE: Years 52 Months 11 Days 18 If less than one day hr. min.

Immediate cause of death: STROKE AND HEART CEASE TO FUNCTION
Due to High Blood Pressure

9. Birthplace PUTNAM COUNTY MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE
11. Industry or business HOMEWORKS

12. Name JOHN HENRY WOOD
13. Birthplace WEST VIRGINIA (City, town, or county) (State or foreign country)

14. Maiden name MALINDA E CARTER
15. Birthplace OHIO (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vester Shaker
(b) Address Unionville, Mo. R.F.N.

17. (a) BURIAL (b) Date thereof JAN - 15 - 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Higgins County

18. (a) Signature of funeral director W. STOKES FUNERAL HOME
(b) Address Unionville, Mo. B. J. W. Comstock

19. (a) 2/3/44 (b) [Signature] (Date received local registrar) (Signature)

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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?

23. Signature Walter N. Dean (Specify type of place) (M.D. or other)
Address UNIONVILLE MO Date signed 1/15/44

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

600

RECEIVED

District Health Officer No. 10

District File Number 2-44-362

Date Filed FEB 8 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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Unionville, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. FebRegistration District No. 291Primary Registration District No. 5994Registrar's No. 1

1. PLACE OF DEATH

- (a) County Putnam
 (b) City or town Rural Pickland Twp
 (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

Bertha L. Kenney3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex F5. Color or
race W6. (a) Single, widowed, married,
divorced on

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

Jan 25
(Month) (Day) (Year)

8. AGE:

Years 62Months 11Days 1

If less than one day _____ min.

9. Birthplace

(City, town, or county)

(State or foreign country) Mo.

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
 (c) City or town _____
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1944 hour _____ minute _____ M.

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

that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death) 82a!

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)

23. Signature Walter N. Clark J.P. (M.D. or other)Address Unionville Mo Date signed February 15th

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

SUPPLEMENTARY

4014