

FILED JAN 4 1945

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

5141

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:
5514 Harrison
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 63 years
 years, months or days)

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. 5514 Harrison
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Nellie M. Kennish
 3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 17th
 year 1944 hour _____ minute _____ M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife John Kennish 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased February 22nd 1867
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1 -
 _____, 1944, to _____, 19____;
 that I last saw h. alive on Dec 17, 1944,
 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 9 Days 25 If less than one day
 hr. _____ min. _____

Immediate cause of death
to cerebral hemorrhage Duration 17 days

9. Birthplace Holt County, Missouri
 (City, town, or county) (State or foreign country)

Due to stroke
 Due to _____

10. Usual occupation At home

Other conditions none
 (Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Henry Clay Offutt

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

14. Maiden name ALVINA E. Pollock

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

16. (a) Informant Roy Offutt
 (b) Address 5514 Harrison

17. (a) Burial (b) Date thereof 12-19-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary
 (b) Address Kansas City, Mo.

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?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____

19. (a) 12-18-44 (b) D. E. Brown
 (Data received local registrar) (Registrar's signature)

23. Signature D. E. Brown (M. D. or other)
 Address 3550 1/2 Date signed 12-19-44

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

261

Mr. W. H. Erwin
Receivd 11 AM

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 W. 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.