S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38653

FILED NOV 22 1947

Registration District No. 156

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1706 West B. St; (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL") 2
(d) Street No. 1706 W. B. St; (If rural, give location) 5
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country No

3. (a) PRINT FULL NAME Charles Kenier
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male C
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cora Kenier
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased June 3 (Month) 1868 (Day) (Year)

8. AGE: Years 79 Months 3 Days 19 If less than one day hr. min.

9. Birthplace Roanoke Virginia (City, town, or county) (State or foreign country)
10. Usual occupation retired Carpenter
11. Industry or business Contractor
FATHER
12. Name George Kenier
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Revere
15. Birthplace South Carolina (City, town, or county) (State or foreign country)
16. (a) Informant Charles Kenier
(b) Address 1706 W. B. St; Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Mem. Cemetery
18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo.
19. (a) 9-23-47 (Date received local registrar) (b) Doloas Lampkins D.R. (Registrar's signature) 124

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 22 day 1947
year hour 6-30 A.M. minute M.

21. I hereby certify that I attended the deceased from Sept 27, 1945, to Sept 22, 1947; that I last saw him alive on Sept 19, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. myocarditis	several years
Due to	
Due to	
Other conditions: Senility (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature J. A. Chenoweth M.D. (M. D. or other)
Address Joplin Mo Date signed 9/22/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-11-849

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.....

Licensed Embalmer No.....

P. O. Address.....

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.