

S. No. 2
M-1/47
v. 5-17-39

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1162**
Registrar's No. **209**

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**

(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:
6831 Rockhill Road /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: **xx** (Specify whether
48 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Jackson** **48**

(c) City or town: **Kansas City** **3**
(If outside city or town limits, write "RURAL")

(d) Street No.: **6831 Rockhill Road** **8**
(If rural, give location)

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

If yes, name country: _____

3. (a) PRINT FULL NAME: **CHARLES FRANCIS KANEY**

3. (b) If veteran, name war: **W.W.#1**

3. (c) Social Security No.: **512-20-9176**

4. Sex: **Ma** 5. Color or race: **Wh**

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

6. (b) Name of husband or wife: **Edna Louise Kaney**

6. (c) Age of husband or wife if alive: **45** years

7. Birth date of deceased: **November 11 1895**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	2	2hr.min.

9. Birthplace: **Leas Summit Mo. 6**
(City, town, or county) (State or foreign country)

10. Usual occupation: **V-P**

11. Industry or business: **Swift & Henry L S Comm. Co.**

12. Name: **John Bernard Kaney**

13. Birthplace: **Kansas City Mo. 0**
(City, town, or county) (State or foreign country)

14. Maiden name: **Ellen Quinlan**

15. Birthplace: **N.Y. /**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Edna L. Kaney**

(b) Address: **6831 Rockhill Road**

17. (a) Entombment: **Forest Hill Pantheon** (b) Date thereof: **1-16-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Forest Hill Pantheon**

18. (a) Signature of funeral director: **[Signature]**

(b) Address: **Kansas City, Mo.**

19. (a) **1-15-48** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **Jan.** day: **13**
year: **1948** hour: **6:** minute: **35 P.M.**

21. I hereby certify that I attended the deceased from **12-28**, 19**46** to **1-11**, 19**48**
that I last saw him alive on **January 11**, 19**48**:
and that death occurred on the date and hour stated above.

Immediate cause of death: **Respiratory paralysis** **10 min.**
Duration

Due to: **Bronchial Pneumonia** **6 days.**

Due to: **Carcinoma of lung** **1 year.**

Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations: **47 2**

Of autopsy: _____

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: **[Signature]** (M. D. or other) _____

Address: **1113 Professional Bldg.** Date signed: **1-15-**

MAR 15 1940

Prof
H.A. 6334

after 1 Thursday

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 Cecil R. Matthes

Licensed Embalmer No. 3807

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.