No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 26 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11581

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 442

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 313 Indiana Ave. (West)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 313 W. Indiana Ave.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 7
If yes, name country

3. (a) PRINT FULL NAME Walter Thomas Kenney III
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Dec. 31, 1921 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	26	3	12	..... hr. ..... min.

9. Birthplace St. Joseph, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Not employed
11. Industry or business .....
FATHER
12. Name Walter T. Kenney Jr. 0
13. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Grace Fern Miller
15. Birthplace Eaton, Ohio
(City, town, or county) (State or foreign country)
16. (a) Informant Walter T. Kenney Jr.
(b) Address 313 W. Indiana Ave. St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem
CLARK FUNERAL HOME
18. (a) Signature of funeral director Earl A. Clark
(b) Address 120 Illinois Ave. St. Joseph, Mo.
19. (a) 4-19-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 292

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1948 hour 11 minute p M.
21. I hereby certify that I attended the deceased from 4/13/48
2 AM to 11 PM, 19..., to ....., 19...;
that I last saw him alive on 4/13/48 (2 AM), 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Central Nervous System Lues? (not treated)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 30C
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) 0
While at work? — (e) Means of injury —
23. Signature R. W. Lieber (M. D. or other) M.D.
Address P. S. Bldg. St Joseph, Mo. Date signed 4/14/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Kieber
Phy.&Sur. Bldg.

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. 4238

P. O. Address St. Joseph, 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.