

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
522 W. Macon 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 50 years (Specify whether \_\_\_\_\_ years, months or days)

3: (a) PRINT FULL NAME WALTER KENDRICK JANNEY

3. (b) If veteran, name war none

3. (c) Social Security No. 490-10-1192

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alberta N. Janney

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased January 26 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

49 4 14 hr. min.

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

10. Usual occupation punch operator

11. Industry or business Atlas Powder Company

MOTHER FATHER { 12. Name Carl Janney

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

14. Maiden name Fannie Kendrick

15. Birthplace JASPER COUNTY Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Walter K. Janney

(b) Address 522 W. Macon, Carthage, Mo.

17. (a) burial (b) Date thereof June 13, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage Missouri

19. (a) 6-12-48 (b) A. B. O. Oentman, Jr.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage  
(If outside city or town limits, write "RURAL")

(d) Street No. 522 W. Macon St.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10  
year 1948 hour 8 minute 30 p.m.

21. I hereby certify that I attended the deceased from 10 June 1948  
\_\_\_\_\_ 19\_\_\_\_, to 10 June 1948  
\_\_\_\_\_ 19\_\_\_\_;

that I last saw him alive on 10 June 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 5 min

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Original Symptom 2 days  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to 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? \_\_\_\_\_

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

23. Signature A. B. Oentman, Jr. (M. D. or other) med

Address Carthage Mo Date signed 6-11-48

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**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 Frank W. Kneiff

Licensed Embalmer No. 4446

P. O. Address Carthage

**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.**