

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9497

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>5943</u>		Registrar's No. <u>44</u>	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Nebraska / b. COUNTY Douglas			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Spring Creek		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Omaha		250	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 1/2 Mi. SW Edgar Springs Mo.				d. STREET ADDRESS (If rural, give location) 5016 California / 2			
3. NAME OF DECEASED (Type or Print) a. (First) 1st. Lt. David		b. (Middle) A. W		c. (Last) Kenny		4. DATE OF DEATH (Month) (Day) (Year) 3 / 30 / 1949	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-27-1923	
9. AGE (In years last birthday) 25		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Officer		10b. KIND OF BUSINESS OR INDUSTRY U. S. Army		11. BIRTHPLACE (State or foreign country) Omaha Nebraska		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Lee Kenny		13b. MOTHER'S MAIDEN NAME Clara Connor		14. NAME OF HUSBAND OR WIFE Mary			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) World War #2		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Kenny, 5016 California St Omaha Nebr.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Avascular				INTERVAL BETWEEN ONSET AND DEATH Instant	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Plane Crash				E 860	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Plane crashed from an altitude of approx. 7000 ft. Cause unknown.				39	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Near; Edgar Springs Mo., 081			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? U.S. Air Force Plane Crash			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased dead on Mar. 31, 1949 , and that death occurred at 7:10 P. m. , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) Coroner of Phelps County Mo.				23b. ADDRESS Rolla, Missouri		23c. DATE SIGNED 3/31/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-4-49		24c. NAME OF CEMETERY OR CREMATORY Holy Sepulcher		24d. LOCATION (City, town, or county) (State) Omaha Nebraska	
DATE REC'D BY LOCAL REG. 4-9-49		REGISTRAR'S SIGNATURE Nadine L Stoeck		25. FUNERAL DIRECTOR'S SIGNATURE John Saubert		ADDRESS Belleville, Ill	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

FEB 26 1951

STATEMENT BY LICENSED EMBALMER

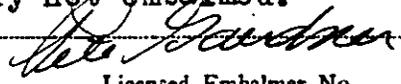
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Body not embalmed.

Signed.....



Signed.....

Student Embalmer

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.