

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41677

State File No. 5422
Registrar's No. 5422

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 419 West 46th Terrace	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) S. c. (Last) KENNEY			4. DATE OF DEATH (Month) (Day) (Year) Dec. 15 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 13 1893	9. AGE (In years last birthday) 57 5/8 IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt.		10b. KIND OF BUSINESS OR INDUSTRY Bray Express Co		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME G.W. Kenney	13b. MOTHER'S MAIDEN NAME Anna Bartley	14. NAME OF HUSBAND OR WIFE Andra Kenney
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 712-14-9586	17. INFORMANT'S SIGNATURE OR NAME Mrs. Andra Kenney ADDRESS Kansas City, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bacterial meningitis		INTERVAL BETWEEN ONSET AND DEATH 1 mo.
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction		
	DUE TO (c) Pyloric ulcer		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Heart 2 mo.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from man, 1951 to death, 19 , that I last saw the deceased alive on 12/15/51, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE Mark Dodge MD (Degree or title)	23b. ADDRESS 4633 W. Grand	23c. DATE SIGNED 12/16/51
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24a. BURIAL CREMATION (REMOVAL) (Specify) Burial	24b. DATE 12/17/51	24c. NAME OF CEMETERY OR CREMATORY —	24d. LOCATION (City, town, or county) (State) Warrensburg Mo
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DATE REC'D BY LOCAL REG. 12-17-51	REGISTRAR'S SIGNATURE Sheldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE STINE & MCCLURE ADDRESS KANSAS CITY, MISSOURI
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Student
Student Embalmer

Signed *Gerald A. Burger*

Licensed Embalmer No. *4763*

P. O. Address *K. C. 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.