

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1499

State File No.

FILED FEB 14 1953

338

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>31 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>7400 Forest</u> <u>3905</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7400 Forest</u>				d. STREET ADDRESS (If rural, give location) <u>7400 Forest</u> <u>3905</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>A</u> c. (Last) <u>Kenagy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>18</u> <u>53</u>						
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Aug. 26 1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 2 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>John Descho</u>			13b. MOTHER'S MAIDEN NAME <u>Mary A. Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Salem Kenagy</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Elsie Kenagy</u> ADDRESS <u>7400 FOREST</u>						
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis with Metabolism</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 mo</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dyspepsia & Arteriosclerosis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Aug. 1948</u> to <u>Jan. 17, 1953</u> , that I last saw the deceased alive on <u>Jan. 7, 1953</u> , and that death occurred at <u>5:30 am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>R. S. Long</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4800 E. 24th</u>		23c. DATE SIGNED <u>1-19-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/20/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>				
DATE REC'D BY LOCAL REG. <u>1-20-53</u>		REGISTRAR'S SIGNATURE <u>Beraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shirley McElroy</u> ADDRESS <u>K.C. Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Mr R.A. Long
4800 E 24th
Be 5949

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

F. S. Walker

Licensed Embalmer No. ~~2744~~ 2744

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.