

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14292

FILED MAY 13 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2224

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) 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. CITY OR TOWN <u>Kansas City</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>Unk.</u>		e. STREET ADDRESS (If rural, give location) <u>Earl Hotel, 9th + Central</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Patrick</u> b. (Middle) _____ c. (Last) <u>Kennern</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 27 53</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Unk. 1900</u>	9. AGE (In years last birthday) <u>23</u>	10 UNDER 1 YEAR Months _____ Days _____	11 UNDER 24 HRS. Hours _____ Min. _____
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10. USUAL OCCUPATION (Give kind of work as distinguished from hobbies, etc., even if retired) <u>Dish Washer Tavern</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Eddy Bros.</u>		11. BIRTHPLACE (City and State, Foreign Country) <u>Denver, Co. 10.</u>		12. CITIZEN OR WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unk.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Record Clerk: R.C. Gen...</u>		ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		DUPLICATE OF (a) _____				_____	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				_____	
		DUPLICATE OF (b) <u>Probable pyelonephritis</u>				_____	
		DUPLICATE OF (c) _____				_____	
		II. OTHER SIGNIFICANT CONDITIONS				_____	
		Conditions contributing to the death but not related to the disease or condition causing death.				_____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 April 13, 19 53, to April 27, 19 53, that I last saw the deceased alive on April 27, 19 53, and that death occurred at 2:05P m., from the causes and on the date stated above.

23a. SIGNATURE <u>B.I. Burns, M.D.</u>		23b. ADDRESS <u>24th & Cherry</u>		23c. DATE SIGNED <u>4-28-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-28-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shawnee Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Shawnee, Okla.</u>	
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DATE REC'D BY LOCAL REG. <u>4-28-53</u>		REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>R.C. Weibel: K.C. 8. Mo.</u>		ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. B...

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.....
Signature of Student Embalmer

Signed *B. E. Weir*.....

Licensed Embalmer No. *407*

P. O. Address *K.C.S. W.*

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.