

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4909**

BIRTH NO. FILED **MAR 4 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **617**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission.)	
a. COUNTY Jackson		a. STATE Missouri	b. COUNTY Jackson
b. CITY OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 60 years	c. CITY OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 2632 Troost		• STREET ADDRESS (If rural, give location) 112 2632 Troost 3438	

3. NAME OF DECEASED (Type or Print)	a. (First) CARL	b. (Middle)	c. (Last) KENNER	4. DATE OF DEATH (Month) (Day) (Year) February 6 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1	8. DATE OF BIRTH Nov. 8 1893	9. AGE (In years last birthday) 60	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Mechanic & Public	11. BIRTHPLACE (City and State or Foreign Country) Kansas City Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown Kenner	13b. MOTHER'S MAIDEN NAME Margaret Harry	14. NAME OF HUSBAND OR WIFE Pauline Kenner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes World War I	16. SOCIAL SECURITY NO. 499-09-9823	17. INFORMANT'S SIGNATURE OR NAME Mrs Pauline Kenner	18. ADDRESS 2632 Troost 26th
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 79.5
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown		
	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.			

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:20 P. m., from the causes and on the date stated above.**

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) Dr. C. Kealhofer, M.D., Deputy Coroner	23b. ADDRESS 4050 Broadway St. Overland	23c. DATE SIGNED 2-8-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 9 1954	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 2-8-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Hilka Funeral Home	ADDRESS 2315 Lenwood
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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.....
Signature of Student Embalmer

Signed *Chas E Wilks*.....

Licensed Embalmer No *264*

P. O. Address *13 E Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.