

FILED JUL 26 1954

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **22826**

BIRTH NO. _____		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>4213</b>		Registrar's No. <b>40</b>	
1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Henry</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Montrose Mo.</b>		c. LENGTH OF STAY (In this place) <b>42 yr.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Montrose Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>0420</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None At Home</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>		b. (Middle) <b>VINCENT</b>		c. (Last) <b>KENNISH</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 18 - 1954</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>Mar. 7 1886</b>		9. AGE (In years, last birthday) IF UNDER 1 YEAR <b>68</b> Months <b>4</b> Days <b>11</b> Hours <b></b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Produce</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Ohio Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Robert Kennish</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Ten Kenhill</b>		14. NAME OF HUSBAND OR WIFE <b>Viola T. Kennish</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Robert Kennish Montrose Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Multiple sclerosis</b>  ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH <b>14 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>345X</b>				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)		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 <b>July 16, 1954</b> , to <b>July 18, 1954</b> , that I last saw the deceased alive on <b>July 19, 1954</b> , and that death occurred at <b>10:40 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W.E. Daggerty MD</b>				23b. ADDRESS <b>Montrose, Mo.</b>		23c. DATE SIGNED <b>7-19-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>July 20-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Appleton City</b>		24d. LOCATION (City, town, or county) (State) <b>Appleton City Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-19-54</b>		REGISTRAR'S SIGNATURE <b>Florence Adams</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W.C. Caffrey</b>			
				ADDRESS <b>Appleton City, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 27 1954

### 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

*Oscar Edloff*

Licensed Embalmer No. *3942*

P. O. Address *Appleton City, 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 this body is not embalmed, fact should be so stated above.