

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33327**
Registrar's No. **4420**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4420	
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) Kansas City		c. LENGTH OF STAY (in this place) 10 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1102 Benton				STREET ADDRESS (If rural, give location) 1102 Benton			
3. NAME OF DECEASED (Type or Print) MINERVA		a. (First)		b. (Middle)		c. (Last) KENMUIR	
4. DATE OF DEATH Oct. 13, 1955		5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, 2. WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Feb. 13, 1875		9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY County clerk's office		11. BIRTHPLACE (City and State or Foreign Country) Mt. Sterling, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William John Grubbs		13b. MOTHER'S MAIDEN NAME Mary Jane Duncan		14. NAME OF HUSBAND OR WIFE William A. Kenmuir			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 494-16-2719		17. INFORMANT'S SIGNATURE OR NAME Mrs. Inez B. Briggs, 2800 E. 8th, K.C. Mo.			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach				INTERVAL BETWEEN ONSET AND DEATH ?	
		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.				15 1/2	
19a. DATE OF OPERATION Jan. 1955		19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach				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) (m.)		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 Jan 22, 1955 , to Oct 13, 1955 , that I last saw the deceased alive on Oct 11, 1955 , and that death occurred at 8:45 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE E. G. Kettner (Degree or title) M.D.				23b. ADDRESS Kansas City, Mo.		23c. DATE SIGNED 10/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10-15-55		24c. NAME OF CEMETERY OR CREMATORY Mt. Mora		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. 10-15-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO. ADDRESS K.C. MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Edw. H. Kirtland
Prof. Bldg.

Epp - 8:4

After 1:30 P.M.

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 *Eugene J. Kenna*

Licensed Embalmer No. *46*

P. O. Address *Kenna*

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