

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36901

State File No. ....

FILED NOV 23 1955

4719

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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) OR TOWN Kansas City

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General Hospital No. 1

e. STREET ADDRESS (If rural, give location) 2541 Brighton

3348

3. NAME OF DECEASED (Type or Print)  
a. (First) Leona b. (Middle) A. c. (Last) Kenney

4. DATE OF DEATH (Month) (Day) (Year)  
11 1 1955

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH March 11, 1873

9. AGE (In years last birthday) 82  
IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Normal, Illinois

12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME unknown

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Chas. G. Kenney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Kenney 2541 Brighton

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) Coronary occlusion

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) arteriosclerosis

DUE TO (c) Fracture of right intertrochanteric

4 1/2 dlf

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In Hospital

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 14 55

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Fall out of bed

22. I hereby certify that I attended the deceased from Oct. 13, 1955, to Nov. 1, 1955, that I last saw the deceased alive on Nov. 1, 1955, and that death occurred at 10:10A.M., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) Med.

23b. ADDRESS 24th & Cherry

23c. DATE SIGNED 11-2-1955

24a. BURIAL, CREMATION, OR REMOVAL (Specify) burial

24c. NAME OF CEMETERY OR CREMATORY Memorial Park

24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 11-3-55 REGISTRAR'S SIGNATURE Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earp & Sons Kansas City, Mo.

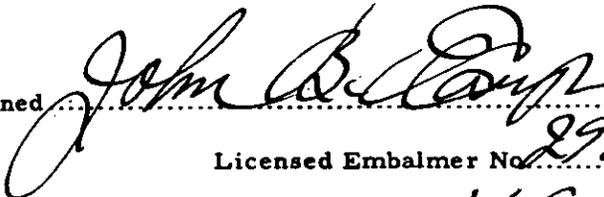
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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  .....

Licensed Embalmer No. 293

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