No. 300
10.48

1

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

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5345

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2121 Kentucky Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Joplin
d. Is Residence within limits of a city or incorporated town? Yes [✓] No [ ]
STREET ADDRESS (If rural, give location): 2121 Kentucky Ave 0495

3. NAME OF DECEASED (Type or Print)
a. (First): Nancy
b. (Middle): Ann
c. (Last): Kenney

4. DATE OF DEATH (Month) (Day) (Year): Feb 18 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 8, 1865
9. AGE (In years last birthday): 90 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Granby Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: George L. (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Irma Daugherty - 2121 Ky - Joplin

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Embolus — INTERVAL BETWEEN ONSET AND DEATH: Same

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myocardial Degeneration — 11 yrs
DUE TO (c): Hypertension (arteriosclerotic) — 11 yrs

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: 443X
20. AUTOPSY? YES [ ] NO [ ]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/14/45, 19___, *to* 2-18-56, 19___, *that I last saw the deceased alive on* 2/13/56, 19___, *and that death occurred at* 7:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter Howard
(Degree or title): M.D
23b. ADDRESS: Frisco Bldg. Joplin Mo
23c. DATE SIGNED: 2/27/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 21, 1956
24c. NAME OF CEMETERY OR CREMATORY: Granby Cemetery
24d. LOCATION (City, town, or county) (State): Granby, Missouri

DATE REC'D BY LOCAL REG.: 2-29-56
REGISTRAR'S SIGNATURE: Dove Merriam
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Thornhill-Dillon Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 5 1956
Jasper County Health Office
County File Number 56-3-621
Date Filed MAR 5 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....David Dillon.....

Licensed Embalmer No. 3898

P. O. Address Joplin, M

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

No. 300
10.40

1

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

Items #13a,b amended by affidavit of Grandson 6-5-89

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 6 1956

State File No. 5345

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 88

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2121 Kentucky Ave

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Joplin
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
STREET ADDRESS (If rural, give location): 2121 Kentucky Ave

3. NAME OF DECEASED (Type or Print): a. (First) Nancy b. (Middle) Ann c. (Last) Kenney
4. DATE OF DEATH (Month) (Day) (Year): Feb 18 1956
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 8, 1865
9. AGE (In years last birthday): 90 If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Granby Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: William Henry Crane ~~Unknown~~
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Crow ~~Unknown~~
14. NAME OF HUSBAND OR WIFE: George L. (Deceased)
15. WAS DEATH DUE TO ACCIDENT OR WAR? (Yes, no, or unknown): No (If yes, give year or date of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Irma Daugherty ADDRESS: 2121 Ky - Joplin

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus — Interval between onset and death: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocardial Degeneration — 11 yrs
DUE TO (c) Hypertension (arteriosclerotic) — 11 yrs

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: 443X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/14/45, 19___, to 2-18-56, 19___, that I last saw the deceased alive on 2/13/56, 19___, and that death occurred at 7:40 P m., from the causes and on the date stated above.

23a. SIGNATURE: Walter Howard (Degree or title) M.D.
23b. ADDRESS: Frisco Bldg. Joplin Mo
23c. DATE SIGNED: 2/27/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 21, 1956
24c. NAME OF CEMETERY OR CREMATORY: Granby Cemetery
24d. LOCATION (City, town, or county) (State): Granby, Missouri

DATE REC'D BY LOCAL REG.: 2-29-56
REGISTRAR'S SIGNATURE: Dove Merriam
26. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Thornhill-Dillon Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)