

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006384

FILED VS. MAR. 7 1960 / 49

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 985

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Manassas City</i>		Length of stay in 1b <i>6 mon.</i>		c. CITY OR TOWN <i>St Ann</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Jackson County Jail</i>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>3411 St Mark Lane</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>JAMES P KENNEY</i>				4. DATE OF DEATH Month Day Year <i>2-16-1960</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>wh.</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>4-17-1923</i>	9. AGE (last birthday) <i>36</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labor</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>		11. BIRTHPLACE (City and state or country) <i>St Louis, Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>
13a. FATHER'S NAME <i>Patrick Kenney</i>			13b. MOTHER'S MAIDEN NAME <i>Anne Morrissey</i>		14. NAME OF HUSBAND OR WIFE <i>Susan</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes 10 W # 2</i>			16. SOCIAL SECURITY NO. <i>490-14-9773</i>		17. INFORMANT Address <i>Margie Kenney St Ann, Mo</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Jelular Pneumonia</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Margie A. Owens-Corner</i>				22b. ADDRESS <i>1034 Pialto Bldg</i>		22c. DATE SIGNED <i>2-16-60</i>	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Reburial</i>		23b. DATE <i>2-19-1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cem.</i>		23d. LOCATION (city, town, or county) (State) <i>St. Louis, Mo.</i>		
24. FUNERAL DIRECTOR <i>Lassartino Bros KC Mo</i>			25. DATE RECD. BY LOCAL REG. <i>2-18-60</i>		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF HEALTH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *A. G. Passantino*

Licensed Embalmer No. 4554
P. O. Address KC 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.