

FILED OCT 8 1948

State File No.

Registration District No.

Primary Registration District No. 5743

Registrar's No. 26

1. PLACE OF DEATH:

(a) County MONITEAU
(b) City or town RURAL LINN Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community 90 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONITEAU
(c) City or town RURAL LINN Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN W. KENNEY
(b) If veteran, name war (c) Social Security No.
4. Sex MALE 5. Color or WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNA KENNEY 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased 11-22-1858
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month SEPT. day 29 year 1948 hour 10 minute
21. I hereby certify that I attended the deceased from Sept 29 1948
that I last saw him alive and that death occurred on the date and hour stated above.
Immediate cause of death arterio sclerosis
Duration 1-4

8. AGE: Years Months Days If less than one day
90 8 7 hr. min.

Due to arterio sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace TEXAS
(City, town, or county) (State or foreign country)
10. Usual occupation FARMING
11. Industry or business
12. WASHINGTON KENNEY
13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name EMERINE CLARK
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations
Of autopsy

16. (a) Informant Ruby B. Clark
(b) Address Jamestown Mo
17. (a) BURIAL (b) Date thereof 10-1-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation COPPS CHAPPEL
18. (a) Signature of funeral director C. ALBERT HOTNBECK
(b) Address PAULIE HOME MO
19. (a) 10-3-48 (b) Jada M. Snow
(Date received local registrar) (Registrar's signature) 199

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury
23. Signature W. H. Murchison
Address ...
File signed

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 10/2/88

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Prairie Home 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 this body is not embalmed, fact should be so stated above.