

No. 2  
-4-41  
17-39  
X263901

**APR 15 1941** 399

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. **1276**

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Kansas City Tuberculosis Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 23 days  
(Specify whether in this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County Jackson <sup>48</sup>

(c) City or town Kansas City <sup>39</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 12<sup>th</sup> Cherry Island Hotel  
(If rural, give location)

(e) Citizen of foreign country? no  (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Carl Tenney

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 499-105823

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month March day 29  
year 1941 hour 7 minute 20 A M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if \_\_\_\_\_

21. I hereby certify that I attended the deceased from March 26 1941, to March 29 1941;  
that I last saw him alive on March 28 1941;  
and that death occurred on the date and hour stated above.

7. Birth date of deceased Nov. 3<sup>rd</sup> 1884  
(Month) (Day) (Year)

Immediate cause of death Hypostatic pneumonia <sup>24 hrs</sup>  
Duration \_\_\_\_\_

**8. AGE:** Years Months Days If less than one day  
56 4 26 hr. : min.

Due to Cardiac decompensation and pulmonary tuberculosis

Due to \_\_\_\_\_

9. Birthplace Kansas <sup>1</sup>  
(City, town, or county) (State or foreign country)

Other conditions Cirrhosis of liver  
(Include pregnancy within 3 months of death)

10. Usual occupation Salesman

Major findings: Of operations \_\_\_\_\_  
Of autopsy 12/10

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name Jessie Tenney

13. Birthplace Pennsylvania <sup>1</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret E. Hall

15. Birthplace Ohio <sup>1</sup>  
(City, town, or county) (State or foreign country)

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

16. (a) Informant K. C. J. B. Hospital

(b) Address Kansas City, Mo.

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? \_\_\_\_\_

17. (a) anatomical (Burial, cremation, or removal) (b) Date thereof 4-1-41  
(Month) (Day) (Year)

(c) Place: burial or cremation K. J. College of Osteo

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury 0

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place, K. C. Mo.

19. (a) 3/21/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

23. Signature W. E. Tenney (M. D. or other) <sup>0</sup>

Address K. C. J. B. Hospital Date signed \_\_\_\_\_

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

**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

*Blaine E. W. W. W.*

Licensed Embalmer No. *4075*

P. O. Address *2332 Monitor*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**