

FILED MAY 26 1947

Registration District No. **156**

Primary Registration District No. **2001**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
 (b) City or town **Joplin**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2121 Kentucky Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **2 years**
 years, months or days)

3. (a) PRINT FULL NAME

George L. Kenney

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Nancy A.**

6. (c) Age of husband or wife if alive **81** years

7. Birth date of deceased **March 5 1862**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 2 5 hr. min.

9. Birthplace **Wanda Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Retired Zinc & Lead**

11. Industry or business **Mine Operator**

12. Name **George E. Kenney**

13. Birthplace **Tenn**
 (City, town, or county) (State or foreign country)

14. Maiden name **Mary Patterson**

15. Birthplace **Tenn**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs George L. Kenney**

(b) Address **2121 Kentucky Ave**

17. (a) **Burial** (b) Date thereof **May 13-47**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **IOOF Cemetery, Granby**

18. (a) Signature of funeral director **Thornhill-Dillon Mort**

(b) Address **Joplin, Missouri**

19. (a) **5-15-47** (b) **Selous Sampkins R.R.**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
 (c) City or town **Joplin**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2121 Kentucky Ave**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10**
 year **1947** hour **1** minute **P** M.

21. I hereby certify that I attended the deceased from **6-14-45** 19____ to **5-10-47** 19____
 that I last saw him alive on **5-10-47** 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic myocardial degeneration
Chronic multiple lung abscess
 Due to _____
 Due to _____

Duration
1 yr
1 yr

Other conditions:
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations **93 N**
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 Signature **Walter H. Hunt** (M.D. or other) _____
 Address **Joplin Mo** Date signed **5/12/47**

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

49
22
5

49
2
5
0

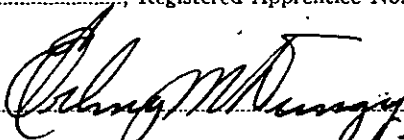
MOTHER FATHER

495-459

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



Licensed Embalmer No. 3566

P. O. Address. Joplin Missouri

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.