

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

30524

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. Wesley Hospital) St.          Ward         

2. FULL NAME James S. Kennedy  
 (a) Residence No.          St.          Ward Cold Camp, Mo.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No.           
 Registered No. 4031  
 St.          Ward         

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Kennedy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 1, 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	70	11	25	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired 82A  
 (b) General nature of industry, business, or establishment in which employed (or employer) 102  
 (c) Name of employer         

9. BIRTHPLACE (CITY OR TOWN) No.  
 (STATE OR COUNTRY)

10. NAME OF FATHER James Kennedy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kans.

12. MAIDEN NAME OF MOTHER Amanda Harriman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Leslie Carpenter  
 (Address) 2306 Brighton

15. FILED 10/25/27 M. M. Brown  
Asst. REGISTRAR

**4 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1927, to Oct 25, 1927, that I last saw him alive on Oct 24, 1927, and that death occurred, on the date stated above, at 3:10 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
apoplexy + pulmonary  
fracture of side & left  
feet  
 (duration)          yrs.          mos.          ds.

CONTRIBUTORY (SECONDARY) Hypertension  
 (duration)          yrs.          mos.          ds.

18. WHERE WAS DISEASE CONTRACTED I do not know  
 IF NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? no DATE OF Oct 21, 27  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none  
 (Signed) J. Muehler, M. D.  
10/25, 1927 (Address) Kansas City, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wisconsin, Mo. DATE OF BURIAL 10/25/27

20. UNDERTAKER The Freeman Mortuary ADDRESS 420 Baltimore

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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