MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan, Registration District No. 85 File No. 5072

Township Primary Registration District No. 1001 Registered No. 156

City St. Joseph, (No. 2908 Charles St. Ward)

2. FULL NAME Joseph Henry Kennard,

(a) Residence, No. 2908 Charles St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 5 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Minerva Kennard,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 6, 1861

7. AGE: Years 75 | Months 5 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lumberman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lumberyard
10. Date deceased last worked at this occupation (month and year): February 1929
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri,

FATHER

13. NAME: James P. Kennard,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan County, Missouri,

MOTHER

15. MAIDEN NAME: Josephine Smith,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan County, Missouri,

17. INFORMANT (ADDRESS): Mrs Joseph H. Kennard 2908 Charles Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Jo. Mem. Park DATE Feb'y 10, 1937

19. UNDERTAKER (ADDRESS): Keaton Bi Gale Bowman 319 So. 10th. Street. Funeral Home

20. FILED 2-10 1937 H J Nettleton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1937, to Feb. 7, 1937

I last saw him alive on Feb. 6, 1937 Death is said to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
hemoplegia	1-30

Other contributory causes of importance:

arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) W. E. Harbock M.D.

(Address) 1202 Fred. Ave. St. Joseph Mo.

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.

MAR 23 1945

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

Do not use this space.

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 82 — File No.: 5077
Township: — Primary Registration District No.: 1001 — Registered No.: 156
City: St Joseph (No. ..... St. ..... Ward)

2. FULL NAME: Joseph Henry Kennard

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

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

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

7. AGE: Years 75 — Months 5 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED APR 22 1937 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 - 7 1937

22. I HEREBY CERTIFY That I attended deceased from ....., 19....., to ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	

Other contributory causes of importance:

Operation within last week or two

Was there an operation? Yes

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. E. Hartsoe M.D., M. D.
(Address) 1202 Frederick Ave., St Joseph Mo

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.

S- 5072