

REC'D APR 23 1938

3

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

9495

Do not use this space.

1. PLACE OF DEATH
- (a) County Jackson Registration District No. 399
- (b) Township Kaw Primary Registration District No. 1002
- (c) City Kansas City (d) Street No. George H. Nettleton Home Registered No. 960
- (e) Length of residence In city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Edith R. Kennedy 530
- (a) Residence, No. George H. Nettleton Home St. (If nonresident, give city or town and State)
- (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. H. Kennedy</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 7, 1853</u>			
7. AGE	YEARS <u>84</u>	MONTHS <u>9</u>	DAYS <u>21</u>
			If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At home</u>		
	9. Industry or business in which work was done, as 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) Ohio13. NAME George A. Baer14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Eliza Stuck16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT George H. Nettleton Home Records
(ADDRESS) 5125 Swope Parkway, Kansas City,18. BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery,
PLACE Kansas City, Mo. DATE March 2, 193819. FUNERAL DIRECTOR Stine & McClure
(ADDRESS) Kansas City, Missouri.20. FILED McClure 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 28, 193822. I HEREBY CERTIFY, That I attended deceased from February 27, 1938 to Feb 28, 1938I last saw him alive on Feb 28, 1938. Death is saidto have occurred on the date stated above, at P. m. 2:20

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

Coronary Thrombosis

Date of onset

2/27/38

Other contributory causes of importance:

arteriosclerosisName of operation none Date ofWhat test confirmed diagnosis? 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.

24. Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John L. Lapp M.D.(Address) 1314 Professional Bldg

(Licensed Embalmer's Statement on Reverse Side)

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

MARGIN RESERVED FOR BINDING

V. S. 2.
90M-7-20-37

I. X12004

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.

Prof. V. P. 9335
2619 Weston Ave 57411

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.
Signed.....
..... Licensed Embalmer No.....

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.)