REC'D JUL 14 1938

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

21496
Do not use this space.

1. PLACE OF DEATH
(a) County Camden
Registration District No. 120
(b) Township Russell
Primary Registration District No. 5172
Registered No. 12
(c) City Macks Creek
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Clarence O'neal Kennedy 5-0
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Violet Kennedy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10, 1889
7. AGE: YEARS 49 | MONTHS 1 | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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): Kansas

FATHER
13. NAME: Arthur ~~Smith~~ Kennedy
14. ~~BIRTHPLACE (CITY OR TOWN)~~ (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Mary Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Bud Kennedy, Preston, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Kennedy Cem DATE 6/19, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. R. Luckey, Wheatland, Mo
20. FILED 6-17-, 1938 Dr G. T. Myers, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 17, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 10th, 1938, to June 17th, 1938
I last saw him alive on June 17th, 1938. Death is said to have occurred on the date stated above, at 6:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	1918
124B1	
Other contributory causes of importance:	
Hypertrophic Cirrhosis of Liver	1936

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) G. T. Myers, M. D.
(Address) Macks Creek Mo.

Licensed Embalmer's Statement on Reverse Side)

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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OCT 25 1951

~~OCT 29 1951~~

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, J R Luckey, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed J R Luckey

Licensed Embalmer No. 2982

P. O. Address Wheatland M

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, above space should be left blank.