DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7137

Registration District No. 464 Primary Registration District No. 8277 Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Lafayette Co

(b) City or town Odessa
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette

(c) City or town Odessa
(If outside city or town limits, write "RURAL")

(d) Street No. ____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Charles H Kennedy 530

3. (b) If veteran, name war Yes

3. (c) Social Security No. ✓

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife ____ ✓

6. (c) Age of husband or wife if ~~alive~~ 1894 ~~years~~

7. Birth date of deceased March (Month) 20 (Day) ~~1939~~ (Year)

8. AGE: Years 46 Months 11 Days 16 If less than one day ____ hr. ____ min.

9. Birthplace Lone Jack (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ____

FATHER
12. Name Charles B. Kennedy
13. Birthplace ____ (City, town, or county) Ind (State or foreign country)

MOTHER
14. Maiden name Alice Thompson
15. Birthplace Lone Jack (City, town, or county) Mo (State or foreign country)

16. (a) Informant Ray Kennedy
(b) Address Lone Jack

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March (Month) 2 (Day) (Year)
(c) Place: burial or cremation Lone Jack

18. (a) Signature of funeral director [illegible]
(b) Address Pleasant Hill Mo 4110

19. (a) 2-29-1940 (Date received local registrar) Mrs E. M. Goodwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29 day Feb. year 1940 hour 4:00 minute a M.

21. I hereby certify that I attended the deceased from 2-29 ____ 1940 to 2-29- ____ 1940; that I last saw h____ alive on ____ 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Endocarditis Chronic	
Myocarditis Chronic	
Due to (Coroner case)	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) 92	

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
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 ____

23. Signature [illegible] (M. D. ~~or other~~ Coroner)
Address Odessa Mo. Date signed 3/29/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 3/6/40
Date Filed

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. _____

P. O. Address _____

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.

S. No. 2B
1—2-21-40
I X22659

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STANDARD CERTIFICATE OF DEATH

State File No. 7137

Registration District No. 464 Primary Registration District No. 4277 Registrar's No. 10

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

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Odessa
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lafayette
(c) City or town Odessa
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles H. Kennedy
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Mrd
6. (b) Name of husband or wife Unknown
6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 16 If less than one day h. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Mch 30-1940 Mrs E. M. Goodwin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h. alive on , 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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?
While at work? (Specify type of place) (e) Means of injury

23. Signature E. B. Nisbit (M. D. or other)
Address Odessa Mo Date signed

SUPPLEMENTARY

S-7137