

JUN 25 1940
Registration District No. 209

Primary Registration District No. 4362

State File No. _____
Registrar's No. 70

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sale-Borman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME George B. KENNEDY
3. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex m 5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Hester Kennedy
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased July 3rd 1855
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 12
If less than one day _____ hr. _____ min.

9. Birthplace Japan Japan
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name Geo Kennedy
13. Birthplace Japan (City, town, or county) (State or foreign country)
14. Maiden name Wrightman
15. Birthplace Japan (City, town, or county) (State or foreign country)

16. (a) Informant's own signature [Signature]
(b) Address Neosho, Mo.
17. (a) Burial (b) Date thereof 5-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Southwest City, Mo.
18. (a) Signature of funeral director M. W. Green
(b) Address Neosho, Mo.
19. (a) 5-15-40 (b) Walter A. Sale
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Arkansas (b) County Benton
(c) City or town Mayssville
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1940 hour 4 minute _____ A. M.
21. I hereby certify that I attended the deceased from May 12, 1940 to May 15, 1940
that I last saw him alive on May 15, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to Senility
Due to Gangrene Appendix Strangulated hernia.
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Lobar pneumonia, right side
Of operations: Removal of appendix
Repair of hernia
Of autopsy None

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 Walter A. Sale (M. D. or other) _____
Address Neosho, Mo. Date signed 5/15

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.

RECEIVED

District Health Officer No. 6,

District File Number 640-1424

Date Filed JUN 12 1940

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.....

M. W. Green....., Registered Apprentice No.
working under my personal supervision.

Signed M. W. Green.....

Licensed Embalmer No.

P. O. Address Pyra A. Pla.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19091

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Mesa
(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
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Geo C. 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 m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

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

8. AGE: Years 84 Months 10 Days 12 If less than one day _____ min.

9. Birthplace Nal Penonza (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace (City, town, or county) _____ (State or foreign country)

14. Maiden name _____ (City, town, or county) _____ (State or foreign country)

15. Birthplace (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-15-40 (b) Anal R Sak m d (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 15 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that I last saw him alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Duration

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) (c) Means of injury _____

23. Signature Anal R Sak (M. D. or other) _____

Address Mesa Date signed _____

S-19091