

42831

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 48 1941Primary Registration District No. 5558

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson Wash Tenn
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Armour Memorial Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 years,
 In this community Two Years (Specify whether
 years, months or days) 3

3. (a) PRINT
FULL NAMEMary Belle Kennedy3. (b) If veteran,
name war NO3. (c) Social Security
No. NO4. Sex Female5. Color or
race White6. (a) Single, widowed, married,
divorced Widowed6. (b) Name of husband or wife
J. W. KENNEDY6. (c) Age of husband or wife if
alive years
4 1861
(Month) (Day) (Year)

7. Birth date of deceased

August

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

79312

hr.

min.

9. Birthplace

IndependenceMissour

(City, town, or county)

(State or foreign country)

10. Usual occupation

Switch Board retired,0

11. Industry or business

x1

12. Name

James Crooks0

13. Birthplace

MarcersburgPennsylvania

(City, town, or county)

(State or foreign country)

14. Maiden name

Fredonia J. Walker

15. Birthplace

IndependenceMissouri

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Armour Memorial Home,

(b) Address

81st & Wornall Road, K.C., Mo.17. (a) Borial
(Burial, cremation, or removal)

(b) Date thereof

11-19-40

(Month) (Day) (Year)

(c) Place: burial or cremation

Elmwood

18. (a) Signature of funeral director

Stine & McClure,

(b) Address

3235 Gilham Plaza, K.C., Mo.19. (a) 11-23-40

(Date received local registrar)

(b)

R. J. Lindsey & Sons

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,
 (c) City or town Kansas City,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 81st and Wornall Road,
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? NO years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17,
 year 1940 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from
Dec, 10 1938 to Nov 17 1940
 that I last saw her alive on Nov 17 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Sclerosis.

Due to

Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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?
3660 (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature

Address 636 Argyle

(M. D. or other)

Date signed 11.17.40

(Licensed Embalmer's Statement on Reverse Side)

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

FORM 1 (1938)

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.

Mr. [unclear]
only [unclear] [unclear]
12 October

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 *[Signature]*

Licensed Embalmer No. *1415*

P. O. Address *F. C. Mo*

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.