

No. 2
4-13-40
4-17-39
I

JAN 23 1941

State File No. _____

Registration District No. 810

Primary Registration District No. 6062

Registrar's No. 61

799
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Scotts

(b) City or town Memphis R.F.D. Miller
(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 all his life years, months or days _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotts

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

(d) Street No. _____
Miller township
(If rural, give location)

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

3. (a) PRINT FULL NAME John G. Kennedy

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16th
year 1940 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased Jan 4 1869
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Mitral insufficiency

Due to _____

Due to _____

8. AGE: Years 70 Months 11 Days 11 If less than one day _____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

9. Birthplace Scotts Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name Wm A. Kennedy

13. Birthplace Clarksburg West Va
(City, town, or county) (State or foreign country)

14. Maiden name Julia A. Rice

15. Birthplace Clarksburg West Va
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant B. L. Kennedy

(b) Address Grainger Mo

17. (a) Burial (b) Date thereof Dec 18-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rushland Cemetery

23. Signature Dr. M. F. Kennedy (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature E. E. Parrish (Date received local registrar) _____ (Registrar's signature) _____
Address Parkville, Mo Date signed Dec 18

18. (a) Signature of funeral director Fred Gorth

(b) Address Memphis Mo

19. (a) 12-20-40 (b) E. E. Parrish
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 1-41-6

Date Filed JAN 7 1941

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 Fred Girth

Licensed Embalmer No. 1029

P. O. Address Memphis

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, fact should be so stated above.