No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 15 1941

Registration District No. 157

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4091

State File No. 24813

Registrar's No. 31

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

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Pleasant Hill Mo.
(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 50 yeaes years, months or days)

2. USUAL RESIDENCE OF DECEASED: 019
(a) State Mo. (b) County Cass
(c) City or town Pleasant Hill Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joe Ann Kennedy
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar (Month) 14 (Day) 1863 (Year)

8. AGE: Years 78 4 | Months 4 | Days 8 | If less than one day hr. min.

9. Birthplace ? (City, town, or county) Ind. (State or foreign country)
10. Usual occupation House keeper
11. Industry or business
FATHER
12. Name Holland Olinger
13. Birthplace (City, town, or county) Ind. (State or foreign country)
MOTHER
14. Maiden name Hanna Ashcraft
15. Birthplace (City, town, or county) Ind (State or foreign country)
16. (a) Informant Mrs Pearl Grantham
(b) Address Pleasant Hill MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 25.41 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill Mo.
18. (a) Signature of funeral director C. W. Brownfield
(b) Address Pleasant Hill Mo.
19. (a) 7-25-41 (Date received local registrar) (b) Mrs Etta M. Aldridge (Registrar's signature)
149

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1941 hour 8- minute 20 P M.

21. I hereby certify that I attended the deceased from May 2 1941 to July 20 1941 that I last saw her alive on July 20 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Apoplexy | |
| Due to Arteriosclerosis | 5 yrs |
| Due to | |
| Other conditions Major Condition (Include pregnancy within 3 months of death) | 2 yrs |

Major findings:
Of operations None
Of autopsy none

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? Pleasant Hill Cass MO (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No injury (Specify type of place)
While at work? (e) Means of injury

23. Signature E A Albers MD (M. D. or other)
Address Pleasant Hill Mo Date signed 7-25-41

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

By me, Registered Apprentice No. [illegible]

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill m

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**