

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

NOV 13 1899  
Registration District No. **999**

Primary Registration District No. **1002**

Registrar's No. **3824**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of town (ship))

(c) Name of hospital or institution:  
**2320 Prospect**  
(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 **30 Days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Sarah E. Kennedy**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **No**

4. Sex **Female** Color or race **negro**

5. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **L. P. Kennedy**

6. (c) Age of husband or wife if alive **--** years

7. Birth date of deceased **January 1 1865**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>76</b>	<b>10</b>	<b>13</b>	hr. min.

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

10. Usual occupation **Housekeeper**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Tat King**

13. Birthplace **Ray Co., Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary King**

15. Birthplace **Ray Co., Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Clyde Kennedy**

(b) Address **Henretta, Mo.**

17. (a) **Burial** (b) Date thereof **10-14-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Richmond, Mo.**

18. (a) Signature of funeral director **J. B. Brothers**

(b) Address **Richmond, Mo.**

19. (a) **10/14/41** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray** **089**

(c) City or town **Henretta**  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **14** day **Oct.** year **1941** hour **10** minute **0** M.

21. I hereby certify that I attended the deceased from **10-13-41** to **10-14-41** and that death occurred on the date and hour stated above.

That I last saw her alive on **10-14-41**

Immediate cause of death **Chronic myocarditis**

Due to **Senility**

Due to **nephritis, Chronic**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **no**

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **J. D. Daugherty** (M. D. or other)  
Address **2202 S-18** Date signed **10-14-41**

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**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 the above constitutes grounds for revocation of license.)**

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