S. No. 2
I—1-4-41
. 5-17-39
DI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41297

JAN 10 1942 30
Registration District No.

Primary Registration District No. 3003

Registrar's No. 60

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 103 Oak St.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 223½ Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Byron Franklin Kennedy
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 493-16-9274
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Orpha Kennedy
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Oct. 17, 1892 (Month) (Day) (Year)
8. AGE: Years 49 Months 2 Days 8 If less than one day hr. min.
9. Birthplace Verona, Missouri. (City, town, or county) (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business Lambert Lbr. Co.
FATHER 12. Name James William Kennedy,
13. Birthplace Barry Co., Mo. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Hattie Casteele
15. Birthplace Lawrence Co., Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Orpha Kennedy,
(b) Address 223½ Broadway, Monett, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/28/1941 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Cemetery
18. (a) Signature of funeral director Leallaway
(b) Address Monett Mo.
19. (a) 12-27-41 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25 year 1941 hour 11 30 minute a M.
21. I hereby certify that I attended the deceased from Dec. 25 1941 to 1941 that I last saw him alive on a few days previous and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion as near as I could tell
Due to He was dead when I got to the house
Due to Suicide resulted from was feeling poorly ill at first
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature (M. D. or other)
Address Date signed 12-27-41

(Licensed Embalmer's Statement on Reverse Side)

REC[illegible]
D[illegible] Health Officer No. 6,
D[illegible] Number 142-20
Date Filed JAN 6 1942

MAR 3 1949

OCT 16 1957

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 J. R. Buchanan, Registered Apprentice No. ....., working under my personal supervision.

Signed J. R. Buchanan

Licensed Embalmer No. 3179

P. O. Address Moutt

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.