. S. No. 2
DM—
ev. 5

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1942

Registration District No. 689

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3033

State File No. 42743

Registrar's No.

1. PLACE OF DEATH:

(a) County PIKE

(b) City or town LOUISIANA C.

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 312½ S. 5th ST.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community ENTIRE LIFE

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE

(c) City or town LOUISIANA MO

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

(d) Street No. 312½ S. 5th ST.

(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HAROLD SHOTWELL KENNEDY

3. (b) If veteran, name war —

3. (c) Social Security No. 499-07-0623

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife GERALDINE ELLIOTT

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased FEB. (Month) 15 (Day) 1913 (Year)

8. AGE: Years 28 Months 9 Days 25 If less than one day hr. min.

9. Birthplace CURRYVILLE (City, town, or county) MO (State or foreign country)

10. Usual occupation PRESSER

11. Industry or business GLOVE FACTORY

FATHER
12. Name JOHN KENNEDY
13. Birthplace LADDONIA (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name INEZ TODD
15. Birthplace CURRYVILLE (City, town, or county) MO (State or foreign country)

16. (a) Informant Mrs John Kennedy

(b) Address Louisiana Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/13/1941 (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW, Pike Co Mo.

18. (a) Signature of funeral director Garner & Sterne

(b) Address Louisiana Mo

19. (a) 12-12-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 10TH year 1941 hour 8:00 minute P M.

21. I hereby certify that I attended the deceased from Feb 1 1941 to Dec 10 1941; that I last saw h alive on Dec 10 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma

Due to

Due to

Other conditions None

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address Louisiana Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

MAR 2 1946

AUG 2 1956

RECEIVED
District Health Officer No. 10
District File Number 1-42-53
Date Filed JAN 9 1942

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 J. B. Sterne

Licensed Embalmer No. 40 39

P. O. Address Louisiana, 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, fact should be so stated above.