

FILED FEB 4 1942 47

Registration District No. 47

Primary Registration District No. 3029

State File No. _____

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ruby L. 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 Married

6. (b) Name of husband or wife D. Thayer Kennedy 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased February 5, 1903
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|----------|----------------------|
| | <u>38</u> | <u>11</u> | <u>2</u> | hr. min. |

9. Birthplace Frankford Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

MOTHER FATHER { 12. Name James Ellridge Lucas
13. Birthplace Pike County Missouri (City, town, or county) (State or foreign country)
14. Maiden name Rosa Lee Barton
15. Birthplace Viena Virginia (City, town, or county) (State or foreign country)

16. (a) Informant D. Thayer Kennedy

(b) Address 811 Burch

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/9/42 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview, Frankford Mo.

18. (a) Signature of funeral director Crawford Smith

(b) Address 902 Broadway Hannibal

19. (a) 1-9-42 (Date received local registrar) (b) W. C. Fisher (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal (If outside city or town limits, write "RURAL")
(d) Street No. 811 Birch (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7 year 1942 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from 11-29, 1941, to 1-7, 1942; that I last saw him alive on 1-7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death General peritonitis - Internal obstruction - Post-operative Duration 6 weeks

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

Major findings: Peritonitis - Bilateral endometritis of ovaries 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 to road
23. Signature Spaid (M. D. or other) W. C. Fisher
Address Hannibal Mo Date signed 1-9-42

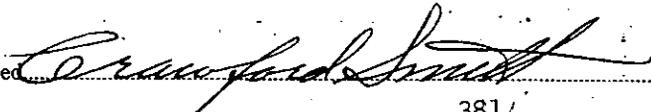
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4
3
4

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..... 3814

P. O. Address..... Hannibal Missouri

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.

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Ruby L Kennedy
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Feb. 5 1903
(Month) (Day) (Year)

8. AGE: Years 38 Months 11 Days 2 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 Jan Day 1942 Year 1942 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____

that I last saw him _____ live on _____ 19 _____
and that death occurred on the date and hour stated above

Immediate cause of death Partial intestinal obstruction due to adhesions due to general peritonitis - low grade peritonitis and complete obstruction developed a week after operation - was repeated
Other conditions for obstruction
(Include pregnancy within 3 months of death)

Duration _____

Major findings: endometritis of uterus
Of operations _____
Of autopsy 129

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? _____ (Specify type of place)
(b) Means of injury _____

23. Signature Howard Forduch (M.D. or other) _____
Address Hannibal Mo. Date signed 3-3-42

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

SUPPLEMENTARY

The patient was operated for Intestinal obstruction
which was due to adhesions. The Endometritis (uterus)
was cause of the adhesions - The patient developed a low
Grade Peritonitis as a result of the obstruction,

The immediate cause of death was of course the peritonitis
which developed.

Operated to Relieve obstruction.

5-2847