

S. No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1942
Registration District No. 104

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
3008
Primary Registration District No.

10394

State File No. _____
Registrar's No. 94

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution: State Hospital No 1
(d) Length of stay: In hospital or institution 7m 17d
In this community _____ years, months or days

3. (a) PRINT FULL NAME Ruth Vivian Kennedy
3. (b) If veteran, name war _____
3. (c) Social Security No. 012

4. Sex F 3 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased July 25- 1921
(Month) (Day) (Year)

8. AGE: Years 20 Months 7 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

12. Name Edward Kennedy
13. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

14. Maiden name Fellen Russell
15. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

16. (a) Informant Record
(b) Address _____

17. (a) Burial (b) Date thereof Mar 25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, MO

18. (a) Signature of funeral director Mr Charles Jones
(b) Address 3128 W. Central St. St. Louis, MO
19. (a) 3-23-42 (b) June M. Newhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 014
(a) State MO (b) County 1
(c) City or town St Louis 2
(d) Street No. 3944a Page
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 21
year 1942 hour 5 minute 0 M.
21. I hereby certify that I attended the deceased from 3-1-42 to 3-21-42, 1942, that I last saw her alive on 3-20, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 21 days
Due to Pulmonary tuberculosis 6 m

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

Major findings: 1381 PHYSICIAN _____
Of operations _____
Of autopsy _____
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) _____
(e) Means of injury _____
23. Signature George J. Davis (M. D. or other) M.D.
Address Fulton MO Date signed 3-26-42

1141 (Licensed Embalmer's Statement on Reverse Side)

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

214
1
2

1953

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..... *Eli Bell*

Licensed Embalmer No. *2130*

P. O. Address *Fulton, 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.