

1. PLACE OF DEATH:

(a) County Cedar Jefferson Township
(b) City or town Stockton, Mo.
(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community XX (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar 20
(c) City or town Stockton
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Larkin Grant Kennedy

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Parrie Kennedy 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased: Mar. 20 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 0 29 XX hr. XX min.

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

10. Usual occupation Farming

11. Industry or business XX

12. Name William T. Kennedy
13. Birthplace XX Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Young
15. Birthplace Stockton Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. Paulay
(b) Address Canton, Texas

17. (a) Burial (b) Date thereof 4-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stockton Cemetery

18. (a) Signature of funeral director W.C. Davis & Co.
(b) Address Stockton, Missouri

19. (a) May 1 42 (b) Mrs Myrtle Bright
(Date reported local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 19
year 42 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from 4-19 to 4-19 1942
that I last saw him alive on 4-19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency

Due to —
Due to —

Other conditions — 9503
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy no

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 W. Severe (M. D. or other) Dr.
Address Stockton Mo. Date signed 4-22-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 7,
District File Number 5-42-439
Date Filed 5-8-42

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

Melvin O. O'Brien

Licensed Embalmer No. 3272

P. O. Address Stockton

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.