

FILED JUN 11 1942

State File No.

Registration District No. 40-8414

Primary Registration District No. 55-71B

Registrar's No. 114

49
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Sarcosie Sup.

(c) Name of hospital or institution Home

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

(d) Length of stay: In hospital or institution. About 30 years (Specify whether years, months or days)

In this community About 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Sarcosie Sup. (If outside city or town limits, write "RURAL")

(d) Street No. Rural - R#1 (If rural, give location)

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

If yes, name country.

3. (a) PRINT FULL NAME Clarence Kennedy

(b) If veteran, name war No

(c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1942 hour 8:30 minute A M.

4. Sex M race W

5. Color of hair N

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

6. (b) Name of husband or wife Ruth Jew

6. (c) Age of husband or wife if alive 29

7. Birth date of deceased Jan 29 1898 (Month) (Day) (Year)

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

Immediate cause of death Suicide

8. AGE: Years 44 Months 4 Days 0 hr. min.

Due to Strychnine poisoning

Due to

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer & Selling Station Gr

Major findings: Of operations 163 Co

11. Industry or business

12. Name J. H. Kennedy

13. Birthplace W. Carolina (City, town, or county) (State or foreign country)

14. Maiden name Emma C. Glenn

15. Birthplace Webster Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruth Kennedy

(b) Address Sarcosie Mo

17. (a) Burial (Burial, cremation, or removal) Sarcosie Cemetery

(b) Date thereof 5/31/42 (Month) (Day) (Year)

(c) Place: burial or cremation Sarcosie Cemetery

18. (a) Signature of funeral director Roland C. Gray

(b) Address Sarcosie Mo

19. (a) May 31, 1942 (Date received local registrar)

(b) Elizabeth Couplin (Registrar's signature)

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) Suicide

(b) Date of occurrence May 29, 42

(c) Where did injury occur? Sarcosie Sup Mo (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) 3

While at work? (e) Means of injury

23. Signature R. H. Webster (M. D. or other) Couplin

Address Sarcosie Mo Date signed May 29 1942

42.5.495

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 *Geo. B. Orr*

Licensed Embalmer No. *946*

P. O. Address *Mr. Vernon*

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.