

Registration District No. 149

Primary Registration District No. 1002

48
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Robinson Clinic 2625 The Paseo
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 5 Months
(Specify whether
 In this community 71 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. Villa Serena Apts. 321 Ward Pkwy.
(If rural, give location)
 (e) Citizen of foreign country? None (Yes or No)
 If yes, name country. - 0

3. (a) PRINT FULL NAME Mr. Pressley J. Kennedy
 3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Fannie Kennedy 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased March 30 1859
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 18 If less than one day
hr. min.

9. Birthplace New Castle Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation President

11. Industry or business Miller-Cooper Ink Co.

MOTHER FATHER { 12. Name James T. Kennedy
 13. Birthplace New Castle Pennsylvania
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Kirkpatrick
 15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Fannie Kennedy
 (b) Address 117 Villa Serena Apts.

17. (a) Burial (b) Date thereof Aug. 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Abbey

18. (a) Signature of funeral director H. H. Newcomer
 (b) Address 1401 Brush Creek Blvd.

19. (a) 8-10-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8
 year 1942 hour 1/2 minute 15 A.M.
 21. I hereby certify that I attended the deceased from March 18
1942 to Aug 8 1942
 that I last saw him alive on Aug 8 and that death occurred on the date and hour stated above. 1942

Immediate cause of death Respirator Paralysis Duration 2 days
 Due to acute Bulbar Palsy
82:1

Other conditions Acute throat infection
(Include pregnancy within 3 months of death)
Nature undetermined

PHYSICIAN
 Major findings:
 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? _____

While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature W. J. Robinson (M. D. or other) _____
 Address 2625 Paseo Kansas City signed 8-10-42

Dr. G. N. Robinson
26, 25, Paul

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.....

Hervey Dusenberry

Licensed Embalmer No. *4070*

P. O. Address *AC 1 no.*

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.