

Registration District No. 253

FILED SEP 11 1942
Primary Registration District No. 4383

Registrar's No. _____

1. PLACE OF DEATH: Nodaway
 (a) County Nodaway
 (b) City or town Graham
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED: 74
 (a) State Mo. (b) County Nodaway
 (c) City or town Graham
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 21
 year 1942 hour 1:15 PM minute 38 A.M.

4. Sex male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife Missie 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: June 19 1856
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jul 1, 1942, to Aug 21, 1942, that I last saw him alive on Aug 20 at 11:00 AM, and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 2 Days 2 If less than one day _____ hr. _____ min.

Immediate cause of death Atherosclerosis
 Due to Old age

9. Birthplace Grundy Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Merchant

Due to _____
 Other conditions 97
 (Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Daniel Kennedy
 13. Birthplace Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace 9
 (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy none
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Frank Lyle
 (b) Address Graham Mo
 17. (a) 100 W. Cemetery (b) Date thereof: Aug 23 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Graham Mo
 18. (a) Signature of funeral director J. Fred Terhune
 (b) Address Savannah Mo
 19. (a) Aug 24 1942 (b) Mrs Ralph Scott
 (Date received local registrar) (Registrar's signature)

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 97
 23. Signature E L Morgan (M. D. or other) _____
 Address Graham Mo Date signed 8-21-42

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

74
06

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.....

J. Fred Testerman

Licensed Embalmer No.

1279

P. O. Address.....

Savannah

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.