

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

1. PLACE OF DEATH:
 (a) County *Jasper*
 (b) City or town *Joplin*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Freeman Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution *18 hours*
 (Specify whether
 In this community *5 years*
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Missouri* (b) County *Jasper*
 (c) City or town *Joplin*
 (If outside city or town limits, write "RURAL")
 (d) Street No. *1411 Pa. Ave.*
 (If rural, give location)
 (e) Citizen of foreign country? *No* (Yes or No)
 If yes, name country *No*

3. (a) PRINT FULL NAME *Edgar W. Kennedy*
 3. (b) If veteran, name war *No* 3. (c) Social Security No. *429-26-9410*

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month *Oct.*, *10* day *1942*
 year *1942* hour *3-55* A.M. minute M.

4. Sex *Male* 5. Color or race *white* 6. (a) Single, widowed, married, divorced *single*
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased *July 15, 1923*
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *19* to *19*;
 that I last saw him *Did not see him alive*
 and that death occurred on the date and hour stated above.
 Immediate cause of death *Basal skull fracture, cerebral hemorrhage*

8. AGE: Years *19* Months *2* Days *25* If less than one day hr. min.

Due to *Being struck by open door on parking truck while he was residing on running board of another car*
 Due to *residing on running board of another car*
 Other conditions (Include pregnancy within 3 months of death)

9. Birthplace *Great Bend Kansas*
 (City, town, or county) (State or foreign country)

10. Usual occupation *laborer*

11. Industry or business

12. Name *James F. Kennedy*
 13. Birthplace *Dublin Ireland*
 (City, town, or county) (State or foreign country)
 14. Maiden name *Lottie Hoyle*
 15. Birthplace *Johnson Co.; Kansas*
 (City, town, or county) (State or foreign country)

Major findings: Of operations *170° 8*
 Of autopsy *2/8*
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant *Lottie H. Kennedy*
 (b) Address *1411 Penn. Ave.*

17. (a) Burial (b) Date thereof *10-12-42*
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation *Carbone Mausoleum*

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) *Accident*
 (b) Date of occurrence *Oct. 9, 1942*
 (c) Where did injury occur? *Newton Mo*
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm/in industrial place, in public place?
Public Highway
 (Specify type of place) (e) Means of injury
 While at work?

18. (a) Signature of funeral director *Hurlbut Und. Co.*
 (b) Address *Joplin Mo.*

19. (a) *10-10-1942* (b) *Hurtzler*
 (Date received local registrar) (Registrar's signature)

23. Signature *R. H. Webster & Co. Registrar* (M. D. or other)
 Address *Carthage Mo* Date signed *Oct 10 1942*

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 Perry J. Furek
Licensed Embalmer No. 959
P. O. Address Waples Hill

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.