

FILED NOV 9 1942

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 38

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

1. PLACE OF DEATH:

(a) County St Francois

(b) City or town FLAT RIVER MO
(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 years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Francois

(c) City or town Flat River Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 812 E Main
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE W. KENNEDY

3. (b) If veteran, name war: — 3. (c) Social Security No. 493-03-8889

4. Sex M 5. Color or race WT 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Diana 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased FEBY 7 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>8</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation Lead Miner

11. Industry or business Lead Mines

12. Name Henry J. Kennedy

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

14. Maiden name Elizabeth Porter

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

16. (a) Informant Gene Kennedy

(b) Address Flat River Mo

17. (a) Burial (b) Date thereof 11-27-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park View Cemetery

18. (a) Signature of funeral director Jos Danner

(b) Address Flat River Mo

19. (a) Oct 31 1942 (b) Byrdie Buhornester
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 9/12/42 to Oct 29 1942

that I last saw him alive on Oct 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy of prostate gland
hypernephroma

Due to _____
Due to _____

Other conditions. (Include pregnancy within 3 months of death) Gift

Major findings: Of operations _____

Of autopsy _____

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 H. H. H. M. P. (M. D. or other) _____

Address Flat River, Mo Date signed 10/30/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 3

File Number 1142-1308

Dated 11-8-42

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.....

Joe Diener

Licensed Embalmer No. 970

P. O. Address Flat River Mo

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.