

FILED NOV 11 1942

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Verona
(b) City or town Woods, Mo. City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 39 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Verona
(c) City or town Horton, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Francis Marion Kennedy

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased Nov 10 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Not Known Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name John Francis Kennedy

13. Birthplace Not Known Penna
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Emery J. Kennedy

(b) Address Horton, Mo

17. (a) Burial (b) Date thereof Oct 21 42
(Burial, cremation) (Month) (Day) (Year)

(c) Place: burial or cremation Balltown Cemetery

18. (a) Signature of funeral director Henry J. ...
(b) Address Woods, Mo

19. (a) Oct 24, 1942 (b) Elizabeth Breckenridge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19
year 1942 hour one minute 25 M.

21. I hereby certify that I attended the deceased from Oct 13 1942 to Oct 19 1942
and that I last saw him alive on Oct 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis Duration few min

Due to Coronary Sclerosis 5 yrs
Chronic Myocarditis 3 yrs
Due to Ch. Hypertrophic
Cor. Sclerosis - anemia 5 yrs

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: None 920
Of operations _____
Of autopsy None

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) _____
(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 [Signature] (M. D. _____)
Address Horton, Mo Date signed 10-22-42

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

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RECEIVED

District Health Officer No. 7,

District File Number 11-42-1228

Date Filed 11-10-42

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 W. E. Ferry

Licensed Embalmer No. 1432

P. O. Address Nevada nv

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.