S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 5 1942

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36716

Primary Registration District No. 1050

Registrar's No. 1163.

11
1
7

1. PLACE OF DEATH:

(a) County Buchanan,

(b) City or town St. Joseph,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1012 Ashland Court, 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 20 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan 11 1

(c) City or town Saint Joseph, 7
(If outside city or town limits, write "RURAL")

(d) Street No. 1012 Ashland Court,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Willard J. Kennedy,

3. (b) If veteran, name war None,

3. (c) Social Security No. 493-10-4018

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married, 1

6. (b) Name of husband or wife Beulah B. Kennedy,

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October 1st. 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	1	11	hr. min.

9. Birthplace Vernon, Ontario, Canada 2
(City, town, or county) (State or foreign country)

10. Usual occupation Executive

11. Industry or business Anchor Serum Co..

FATHER
12. Name Archibald Kennedy,
13. Birthplace Glengary, Scotland, 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jean Mac Innis
15. Birthplace Crif, Scotland, 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. J. Kennedy
(b) Address 1012 Ashland Court,

17. (a) Burial (b) Date thereof 11/14/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Heaton-Erfurt & Bowman Funeral
(b) Address 319 South 10th. Street, Home

19. (a) 11-14-42 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th.
year 1942 hour 4:00 minute 40a M.

21. I hereby certify that I attended the deceased from Sept 1, 1942 to Nov. 12, 1942
that I last saw him alive on Nov 11, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer Colon	1 yr.
Cancer liver	?
Due to	
Due to 46	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Aug 1st 1942
Cancer descending Colon
Of autopsy Liver involved

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

23. Signature H. S. Conrad (M. D. ~~or other~~)
Address St Joseph Mo Date signed 11-17-42

1.2.3

(Licensed Embalmer's Statement on Reverse Side)

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~~ 11-12-42

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 317 So. St. Joseph 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.