

S. No. 2
 Form-542
 Rev. 5-17-39
 I X32873

39795

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 31 1942

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 4762

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 3200 Nordlake 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 weeks
(Specify whether
 In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3018 Woodlawn
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 20
 year 1942 hour 8:30 minute AM
 21. I hereby certify that I attended the deceased from 10-1-42
 _____, 19____, to 12-20-42, 19____;

4. Sex F 5. Color or race W 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 _____
(Month) (Day) (Year)

that I last saw her alive on 12-19-42 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

8. AGE: Years 74 Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to Arteriosclerosis
 Due to 97
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Keokuk Iowa
(City, town, or county) (State or foreign country)
 10. Usual occupation None

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER }
 11. Industry or business _____
 12. Name Patrick Henry Kennedy
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Phonema Harris
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs Helen Clark
 (b) Address 3018 Woodlawn
 17. (a) Removal (b) Date thereof Dec 31, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Keokuk Iowa

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Mary Ann (M. D. or other) _____
 Address 3200 Nordlake Date signed 12/21/42

18. (a) Signature of funeral director Frank E. Robin
 (b) Address 20 St. Germaine
 19. (a) Dec 21, 1942 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.