S. No. 2
M—5-42
v 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17009

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 2230

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: Commonwealth Hotel 212th & Broadway (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 24 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 1117 Paseo (If rural, give location) 6

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Earl Ervene Kennedy

3. (b) If veteran, name war none

3. (c) Social Security No. 487-12-3086

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Helena

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased April 3, (Month) (Day) 1907 (Year)

8. AGE: Years 36 Months 1 Days ~~9~~ 6 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis, (City, town, or county) Mo (State or foreign country) U

10. Usual occupation Bell Hop

11. Industry or business Commonwealth Hotel

FATHER
12. Name William Kennedy
13. Birthplace Columbus, (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Emma Gaines
15. Birthplace Jefferson City, (City, town, or county) Mo. (State or foreign country) U

16. (a) Informant Emma Porter

(b) Address 1117 Paseo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/ 14/43 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros

(b) Address 1779 Lydia Ave

19. (a) 5-14-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1943 hour 12 45 minute A. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19..., that I last saw h..... alive on ....., 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Sclerotic

Due to Hypertensive Myocarditis

Other conditions Acute (Include pregnancy within 3 months of death) 93D

Major findings:
Of operations .....
Of autopsy Yes

Duration

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 [signature] (M.D. or other) U

Address 1832 Pine Date signed 5-12-43

(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 me

A B Moore, Registered Apprentice No.

working under my personal supervision.

Signed A B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18th St

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.