

No. 2  
5-43  
17-39  
X36671

FILED MAY 12 1944

Registration District No. 247

Primary Registration District No. 4368

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Wentworth  
(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) 4 yrs 11 mths

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newton  
(c) City or town Wentworth Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rev. PATRICK J. KENNEDY

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased Aug 26th 1887  
(Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Tipperary Ireland Ireland  
(City, town, or county) (State or foreign country)

10. Usual occupation minister of religion

11. Industry or business ministry

12. Name do not know

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

14. Maiden name do not know

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

16. (a) Informant P. M. Smith  
(b) Address St. John's Hospital, Goplin, Mo.

17. (a) Burial (b) Date thereof 5 12 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery, Henssely Mo.  
(d) Signature of funeral director Wm. Russell  
(e) Address Peirce City Mo.

19. (a) May 10 44 (b) J. L. Edwards  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 8 day Monday  
year 1944 hour 8 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Died suddenly  
Probably Coronary Occlusion

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) gfa

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

23. Signature of Physician P. Reynolds M. D. or Chiropractor  
Address Peirce City Mo. Date signed \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

5-11-44

District Health Officer No. ....

District File Number 544-98 .....

Date Filed 5-11-44 .....

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 .....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed [Signature] .....

Licensed Embalmer No. 1512 .....

P. O. Address Price City 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.