V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28499

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 382

80
6
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1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1721 South Osage /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1721 South Osage 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Carl Kennedy
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Eva Momberg Kennedy
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 25, 1903
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	41	7	3	hr. min.

9. Birthplace Benton County, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Plumber
11. Industry or business Plumbing and Heating
FATHER
12. Name Eli W. Kennedy
13. Birthplace Benton County, Mo. 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Laura Yankee Kennedy
15. Birthplace Benton County, Mo. 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Eva Kennedy (wife)
(b) Address 1721 S. Osage, Sedalia, Mo.
17. (a) Burial (b) Date thereof 8/31/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cemetery
18. (a) Signature of funeral director Duane Ewing
(b) Address Sedalia, Missouri
19. (a) 8/30/44 (b) Mrs Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28
year 1944 hour 12:40 minute P. M.
21. I hereby certify that I attended the deceased from
, 1944 to Aug 28, 1944
that I last saw him alive on Aug 28, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary embolus	
Due to Chr endocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

928

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 J W Boger (M. D. or other) MD
Address Sedalia Mo Date signed 8/30/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9-7-44

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

Signed Duane Ewing

Licensed Embalmer No. 3845

P. O. Address Sedalia 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.