

FILED OCT 24 1944 149

Primary Registration District No. 1002

Registrar's No. 3946

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:  
K. General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 mos. 3 days  
(Specify whether)

In this community 50 yrs.  
years, months or days

3. (a) PRINT FULL NAME Etta Kennedy

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fe 5. Color or race w

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

6. (b) Name of husband or wife Wan

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: Oct 2, 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 11 29 hr. min.

9. Birthplace Beatrice, Neb  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Elmer Sabie

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

14. Maiden name Mary E. Bowen

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

16. (a) Informant Mrs. F.C. Smentler

(b) Address Kennison St.

17. (a) Cremation (b) Date thereof Oct 3, 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newcome's Sons

18. (a) Signature of funeral director D.W. Newcome, Sr.  
(b) Address 1401 Brush Creek Blvd

19. (a) 10-2-44 (b) D.E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 4927 Bellefontaine 8  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1  
year 1944 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from March 29, 1944 to Oct. 1, 1944  
that I last saw her alive on Oct. 1, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus

Due to \_\_\_\_\_

Due to 61

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

Major findings: Of operations \_\_\_\_\_

Of autopsy See above

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) \_\_\_\_\_

(a) Agents of injury \_\_\_\_\_

23. Signature D.E. Brown (M. D. or R. N.) MD  
Address Med. Dir., Gen'l Hosp. date signed 10-2-44

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**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.**