

U.S. No. 2
FORM-5-43
Rev. 5-17-39
No. 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12261

State File No.

FILED MAY 3 1945
Registration District No. 149

Primary Registration District No. 1062

Registrar's No. 1887

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town N.E.
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number, or location)
(d) Length of stay: In hospital or institution 1 day
In this community East Knoxville (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town N.E. 49
(d) Street No. 19 1/2 Main 3
(If rural, give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Wm. J. Kennedy
(b) If veteran, name war no
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 17
year 1945 hour 1:00 minute A M.
21. I hereby certify that I attended the deceased from 3 to ? 19 ?
that I last saw him before on 3 19 ?
and that death occurred on the date and hour stated above.

4. Sex mo 5. Color or race w
6. (a) Single, widowed, married, divorced unknown
6. (b) Name of husband or wife ? 6. (c) Age of husband or wife if alive ? years

Immediate cause of death Broncho-pneumonia
Due to ?
Due to East Knoxville
Other conditions (Include pregnancy within 3 months of death) 107

7. Birth date of deceased unknown
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
aprot 60 hr. min.

Major findings: Of operations ?
Of autopsy no - history & inspection
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? ?

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

10. Usual occupation unknown

11. Industry or business unknown
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Caroline
(b) Address Jackson County Mo
17. (a) Burial (b) Date thereof 4-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill Cem

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

18. (a) Signature of funeral director H. Pughman & Son
(b) Address N.E. Mo
19. (a) 4-28-45 (b) Gerhaldine Holmes
(Date received local registrar) (Registrar's signature)

Signature James Walker (M. D. or other) 3
Address 1824 Jefferson Blvd Date signed 3-18-45
(Specify type of place) (e) Means of injury

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

18
3
8

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 *J. S. Walton*.....

Licensed Embalmer No. *2744*.....

P. O. Address *K.C. 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.