S. No. 2
OM—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23036

FILED AUG 4 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3074

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: 6812 - PROSPECT AVENUE
(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 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 6812 - PROSPECT AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. SARAH CLEVELAND CARPENTER KENNEDY
3. (b) If veteran, name war NO
3. (c) Social Security No. none
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. JOHN L. KENNEDY
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased APRIL (Month) 3 (Day) 1875 (Year)
8. AGE: Years 70 Months 3 Days 19 If less than one day hr. min.
9. Birthplace (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation none
11. Industry or business
FATHER 12. Name CORWIN CARPENTER
FATHER 13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)
MOTHER 14. Maiden name UNKNOWN
MOTHER 15. Birthplace (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant Ralph W. Kennedy
(b) Address 6812 Prospect
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD
19. (a) 7-23-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 22ND year 1945 hour 5 minute 40 A.M.
21. I hereby certify that I attended the deceased from July 17, 1945, to July 22, 1945, that I last saw him alive on July 22, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Dilatat. Heart	1 day
Due to Ch. Interstit. Nephritis	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131a
Of autopsy none

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. Donald Ross (M. D. or other)
Address 616 Argyle Date signed 7/23

(Licensed Embalmer's Statement on Reverse Side)

615 Argyle Bldg.

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.