

FILED AUG 7 1945  
59  
Registration District No.

Primary Registration District No. 4099

State File No. \_\_\_\_\_  
Registrar's No. 98

1. PLACE OF DEATH: Cass

(a) County Pleasant Hill, Missouri  
 (b) City or town Pleasant Hill, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 18 Months  
 years, months or days)

3. (a) PRINT FULL NAME James Edward 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 married

6. (b) Name of husband or wife Mary Hughart Kennedy 6. (c) Age of husband or wife if alive 64 years  
Jan 21 1871 (Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pleasant Hill, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Washington Kennedy  
 13. Birthplace Parris Ky. (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Ann Kennedy  
 15. Birthplace Millersburg Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Chas Vanhoy  
 (b) Address Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof 7-10-45  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
Pleasant Hill, Mo.  
 (c) Place: burial or cremation Allen Brownfield

18. (c) Signature of funeral director Allen Brownfield  
 (b) Address Pleasant Hill, Mo.

19. (a) July 20 1945 (b) Margaret Valle  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19  
 (c) City or town Pleasant Hill, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 208, south Randallph  
 (If rural, give location) 0  
 (e) Citizen of foreign country? no (Yes or No) 0  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
 year 1945 hour \_\_\_\_\_ minute 9 M.

21. I hereby certify that I attended the deceased from July 8 1945 to July 8 1945  
 that I last saw him alive on July 8 1945 and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion

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

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

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) (c) Means of injury \_\_\_\_\_

23. Signature L. W. Murray (M.D. or other) 0  
 Address Pleasant Hill, Mo. Date signed 7-10-45

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

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

19  
2  
0

**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.....

*By me 7-8-45*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Allen W. Brownfield*

Licensed Embalmer No. *3785*

P. O. Address *Pleasant Hill, 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:**