

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
8 East 55th. Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. IDA M. 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 unknown 6. (c) Age of husband or wife if alive, years 8th. 1865
7. Birth date of deceased August 8th. 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 4 12 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Reuben D. Kerschner
13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Forrest R. Krumm
(b) Address 8 East 55th. Terrace
17. (a) Removal (b) Date thereof 12/ 21/ 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Milton, Pennsylvania

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd Street
19. (a) 12-21-45 (b) Maldene Holmes
(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. 8 East 55th. Terrace 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20th.
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from November 27, 1945, to December 20, 1945
that I last saw her alive on December 19, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 3 weeks

Due to Influenza
Seribity

Due to

Other conditions (Include pregnancy within 3 months of death) 33a

Major findings: Of operations
Of autopsy
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?
While at work? (Specify type of place) (e) Means of injury

23. Signature Edward H. Klein (M. D. or other)
Address Physician Bldg. K.C. Mo. Date signed Dec 21, 1945

*W. C. Dedelin
Registered Embalmer*

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..... *W. C. Dedelin*
Licensed Embalmer No. *3495*
P. O. Address..... *W. C. 710*

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.