

FILED JAN 11 1946  
Registration District No. 360

Primary Registration District No. 3026

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Nevada City Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution week (Specify whether  
In this community ✓  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon 108  
(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. ✓ (If rural, give location) 0  
(e) Citizen of foreign country? ✓ (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME

Laura C. Kennedy  
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14  
year 1945 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec. 8 1945 to Dec. 14 1945  
that I last saw her alive on Dec. 14 1945  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife A. B. Kennedy 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased January 13 1878  
(Month) (Day) (Year)

Immediate cause of death Acute edema of lungs 2 hrs.

8. AGE: Years 67 Months 11 Days 1 If less than one day hr. min.

Due to Hypertensive crisis  
Due to Hypertensive heart disease?

9. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations

11. Industry or business

12. Name Beck De Lozier  
13. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Chaastain  
15. Birthplace Mo. 0  
(City, town, or county) (State or foreign country)

Of autopsy 111

16. (a) Informant A. B. Kennedy  
(b) Address Harwood, Mo.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 12-17-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? \_\_\_\_\_

(c) Place: burial or cremation El Dorado Springs Cem  
18. (a) Signature of funeral director Twinn Curdners  
(b) Address El Dorado Springs, Mo.

While at work? OPH (Specify type of place) (c) Means of injury \_\_\_\_\_

19. (a) 12-18-45 (b) Halley H. Yancy  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Nevada, Mo Date signed 12-15-45

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

No. 7,  
12-45-1282  
Date Filed 1-9-46

**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.D. Gwynn*  
Licensed Embalmer No. *2034*  
P. O. Address *Edwards, Ariz.*

**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.**