

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16717**
2072
Registrar's No. _____

Registration District No. **420** 1946

Primary Registration District No. **1002**

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

15599

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: 4903 Woodland /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") **3**

(d) Street No. 4903 Woodland Avenue
(If rural, give location) **8**

(e) Citizen of foreign country? no (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Jane K. 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 Frank E. Kennedy

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 2 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>4</u>	<u>4</u>	hr. _____ min.

9. Birthplace Carroll County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

12. Name James Campbell

13. Birthplace Unknown Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Stewart

15. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Katherine Kennedy

(b) Address 4903 Woodland, K. C., Mo.

17. (a) Burial (b) Date thereof 5-8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address 1800 E. Linwood Blvd.

19. (a) 5-7-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from APRIL 13 1946 to MAY 6 1946
that I last saw her alive on MAY 6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF STOMACH **10 Mo.**

Due to _____

Due to _____

Other conditions SECONDARY ANEMIA **8 Mo.**
(Include pregnancy within 3 months of death)

Major findings: 46 lb

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature T. Reid Jones **Mr. D.**
Address 1107 BRYANT BL. Date signed 5-7-46

Er. Harvey Jones
Byrd St - No 848
3919 Front - No 1548

1107

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.....

Edw E Heck

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, 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.