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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 16 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1143

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1313 N 10th St  
(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 7 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 1313 North 10th St  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John P. Kennedy

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 6, 1860  
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
<u>86</u>	<u>6</u>	<u>27</u>		<u>0</u>

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

10. Usual occupation Cattle Buyer

11. Industry or business unknown

MOTHER FATHER {

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Miss Anne McKernan

(b) Address Los Angeles Calif

17. (a) Removal (b) Date thereof 10-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fanning Kansas

18. (a) Signature of funeral director Barry Funeral Home

(b) Address St. Joseph, Mo.

19. (a) Oct. 11, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3  
year 1946 hour 10:05 P.M. (Specify time)

21. I hereby certify that I attended the deceased from May  
2 in 1946 to Oct. 3  
that I last saw him drive on Oct. 2  
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to chronic myocarditis  
decelitized  
cerebral hemorrhage  
left hemiplegia

Due to Senility

Other conditions Senility  
(Include pregnancy within 3 months of death)

Duration

5 yr  
2 mo  
4 mo  
4 mo

Major findings:  
Of operations 93D

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 Wm. Jacobshen M.D. (M. D. or other)

Address Kristenfeldt Date signed 10/11/46

34 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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

31617

**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..... *Victor Barry* .....

Licensed Embalmer No. *4212* .....

P. O. Address..... *St Joseph me.* .....

**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.**