

FILED MAR 5 1947

Registration District No. 206

Primary Registration District No. 5751

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

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Fredericktown Mo.  
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Madison <sup>62</sup>

(c) City or town Fredericktown ex #3 <sup>0</sup>  
(If outside city or town limits, write "RURAL") <sup>0</sup>

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME JOHN FRANKLIN KENNEDY

3. (b) If veteran, name war L

3. (c) Social Security No. ✓

4. Sex M. Color or race W.

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

6. (b) Name of husband or wife Mary A. Kennedy

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 10 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73 11 15 hr. min.

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

10. Usual occupation Laborer

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

12. Name Joshua Kennedy <sup>9</sup>

13. Birthplace unknown <sup>9</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name Stally

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

16. (a) Informant Clarence Kennedy

(b) Address St. Louis Mo.

17. (a) Burial (b) Date thereof 2-28-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Settlers Cemetery

18. (a) Signature of funeral director Webb & Nelson

(b) Address Fredericktown Mo.

19. (a) 2-27-47 (b) Florence Deeks  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25 year 1947 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Jan 5 1947 to Feb 25 1947  
that I last saw him alive on Feb 23 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage in occipital area. Duration 1 mo 23 days

Due to Fall on ice Jan 5, 47.

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

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

Major findings: Of operations 116

Of autopsy 1018

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) accident. 62

(b) Date of occurrence Jan 5, 1947

(c) Where did injury occur? Madison Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
around home

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature E.W. DeLyene (M. D. or other) No

Address Fredericktown Mo. Date signed 2-26-47

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RECEIVED

Health Officer No. 4  
District File Number 347-325  
Date Filed 3-4-47

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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 John H. Holt

Licensed Embalmer No. 4264

P. O. Address. Fredensborg, Md

**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.**