S. No. 2
M—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1947

Registration District No. 16

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31672

Primary Registration District No. 5609

Registrar's No. 37

1. PLACE OF DEATH:

(a) County: Johnson

(b) City or town: Rural Rose Hill Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #6, Holden, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether

In this community: all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Johnson 51

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Route #6 Holden, Missouri 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country: XXXX

3. (a) PRINT FULL NAME: THOMAS PRESTON KENNEDY

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: male 0

5. Color or race: white

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

6. (b) Name of husband or wife: Ila Kennedy

6. (c) Age of husband or wife if alive: dec'd years

7. Birth date of deceased: December (Month) 8, (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	9	19	hr. min.

9. Birthplace: Johnson County, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Farmer

11. Industry or business: same

FATHER
12. Name: James Preston Kennedy 0
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Jane D. Arbuckle
15. Birthplace: missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant: Mrs. J. A. Harris

(b) Address: Holden, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/1/47 (Month) (Day) (Year)

(c) Place: burial or cremation: Hornsby Cemetery

18. (a) Signature of funeral director: Canaday & Hopp

(b) Address: Holden, Missouri

19. (a) Oct 4, 1947 (Date received local registrar) (b) Mrs G V Redford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1947 hour 4:15 minute P M.

21. I hereby certify that I attended the deceased from June 2, 12, 1945, to Sept 27, 1947; that I last saw him alive on Sept 27, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to:

Due to:

Other conditions: Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: — 10

Of autopsy: — 31

Duration

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature: Kelly Rawlins (M. D. or other)

Address: Holden Mo Date signed 10/3/47

(Licensed Embalmer's Statement on Reverse Side)

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 Samuel B. Ropp.

Licensed Embalmer No. 4044

P. O. Address Holden, 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.