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FILED NOV 18 1947

State File No.

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 280

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 707 Gentry
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. 707 Gentry
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME GEORGE WALKER KENNEDY

3. (b) If veteran, name war None

3. (c) Social Security No. 0

4. Sex Male race White

5. Color or race White

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

6. (b) Name of husband or wife Cora Williams Kennedy

6. (c) Age of husband or wife if alive 10 - 10 - 1869 years (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>0</u>	<u>16</u>hr.min.

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

10. Usual occupation Salesman

11. Industry or business

12. Name Jacob Kennedy

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

14. Maiden name Ann Nichols

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

16. (a) Informant Mrs. Geo. W. Kennedy

(b) Address 707 Gentry, Columbia, Mo.

17. (a) Removal (b) Date thereof 10-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paris, Mo.

18. (a) Signature of funeral director Parsons Funeral Service

(b) Address Columbia, Mo.

19. (a) 10-28-47 (b) Mrs. R.E. Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1947 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from June, 1946, to October 23, 1947, that I last saw him alive on October 23, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema, acute

Due to cardiac decompensation

Due to chronic myocarditis - Generalized Arteriosclerosis

Other conditions cerebral hemorrhage -

Duration

5 days

1 year

?

?

1 month

PHYSICIAN

Major findings:
Of operations 93 D

Of autopsy

Underline the cause of 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? (a) (b) Means of injury

23. Signature Charles R. Leeb (M. D. or other M.D.)

Address Columbia, Mo. Date signed Oct 27, 1947

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

MOTHER FATHER

APR 22 1946

Date Filed
District File Number
NOV 17 1947

District Health Officer No. 9,
RECEIVED

NOV 19 1947

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..... Tom McHarg

Licensed Embalmer No..... 4067

P. O. Address..... Columbia, S.C.

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.