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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2712 189

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No.

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Enroute City Hospital 3
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED: 997

(a) State: Oklahoma (b) County: Oklahoma 34

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

(d) Street No.: R.R. 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: David Kennedy

3. (b) If veteran, name war: Unknown

3. (c) Social Security No.: Unknown

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased: March (Month) 10 (Day) 1874 (Year)

8. AGE: Years 73 | Months 9 | Days 25 | If less than one day hr. min.

9. Birthplace: Kingston (City, town, or county) New York (State or foreign country) 1

10. Usual occupation: Attorney

11. Industry or business

FATHER
12. Name: David Kennedy
13. Birthplace: New York City, New York 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Gilbert
15. Birthplace: Stamford (City, town, or county) New York 1 (State or foreign country)

16. (a) Informant: Gilbert Kennedy
(b) Address: St. Regis Hotel, New York, N.Y.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Kingston, N.Y.

18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Blvd.

19. (a) JAN 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5 year 1948 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Chronic Coronary Sclerosis

Due to:

Due to: 94 a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN

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? (e) Means of injury 3

23. Signature: Patrick E. Taylor M.D. Dep Cor

Address: 1300 Clark Date signed: 1-6-48.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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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 G W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.