S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9238

Registration District No. 120 | Primary Registration District No. 3033 | Registrar's No. 34

1. PLACE OF DEATH
(a) County: Laclede
(b) City or town: Lebanon mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wallace O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 24 hrs. (Specify whether years, months or days)
In this community: 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: [redacted] (b) County: Laclede
(c) City or town: Lebanon mo. (If outside city or town limits, write "RURAL")
(d) Street No. 105 Locust (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mary E Kennedy
3. (b) If veteran, name war:
3. (c) Social Security No.
4. Sex: F
5. Color or race: W.
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Wm. A. Kennedy
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Jan. 18 1872 (Month) (Day) (Year)

8. AGE: Years 76 | Months 2 | Days 2 | If less than one day: hr. min.

9. Birthplace: Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: At home
11. Industry or business:
MOTHER FATHER
12. Name: Geo. Goldberry
13. Birthplace: Illinois (City, town, or county) (State or foreign country)
14. Maiden name: Silesba Bitsy
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Hazel Moore
(b) Address: Lebanon mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Catholic Cemet
18. (a) Signature of funeral director: Palmer
(b) Address: Lebanon mo.
19. (a) 3/26/48 (Date received local registrar) (b) Theresa B. Lynly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20 year 1948 hour 1 minute 6 A.M.
21. I hereby certify that I attended the deceased from 10-21-47, 1947, to 3-20, 1948, that I last saw her alive on 3-20, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of orbit — Duration: 7
Due to:
Due to:
Other conditions (include pregnancy within 3 months of death):
Major findings:
Of operations: 5 6 8
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: 0

23. Signature: Geo Carrington (M. D. or other) M.D.
Address: Lebanon, Mo. Date signed: 3/24/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

Received 3/30/48
Jackson County Health Unit
File No. 3-48-42
Date Filed 3/30/48

MAY 12 1948

MAY 1948

JUL 19 1958

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 R. L. Palmer, Registered Apprentice No. 84, working under my personal supervision.

Signed L. R. Palmer

Licensed Embalmer No. 2268

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.