S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29833

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3812

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1207 East 83rd Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 1207 East 83rd Street 0
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME Raymond M. Kennedy

3. (b) If veteran, name war no.

3. (c) Social Security No. 486-01-3349

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Mrs. Elizabeth Kennedy

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased November (Month) 19 (Day) 1889 (Year)

8. AGE: Years 58 Months 9 Days 26 If less than one day hr. min.

9. Birthplace Massachusetts (City, town, or county) 1 (State or foreign country)

10. Usual occupation Property and Insurance

11. Industry or business X

FATHER
12. Name Anthony Kennedy
13. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Mary Ann Amerson
15. Birthplace New York (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs. Elizabehh Kennedy
(b) Address 1207 E. 83rd St., Kansas City, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15
year 1948 hour 8:15 minute P. M.

21. I hereby certify that I attended the deceased from Sept 15-1948, 19..., to Sept 15-1948, 19...;
that I last saw him alive on Sept 15-48, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Lung	9 mo
Due to Ca Lung	9 mo
Due to	
Other conditions (Include pregnancy within 3 months of death) 47 d	

Major findings: Of operations Carcinoma of Lung

Of autopsy

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) 0

While at work? — (e) Means of injury

23. Signature H B Wallace (M. D. or other) MD
Address 1215 Rialto Bldg Date signed 9/16/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frank B. Wallace
Home, 1001 Romany Road, Hi 4500 till noon Thursday - office closed
Office, Rialto Bldg., around 12:30 pm tomorrow, Friday. Ha 7051

At home till 6 pm

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 William L. Anderson, Registered Apprentice No. 259, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 444

P. O. Address K. C. 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.