

Registration District No. 149

Primary Registration District No. 1002

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

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:
28 EAST 32ND STREET TERRACE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 35 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 42

(c) City or town CHINTON (If outside city or town limits, write "RURAL") 3

(d) Street No. _____ (If rural, give location) 1

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

If yes, name country _____

3. (a) PRINT FULL NAME MRS. CHARLOTTE EDITH KENNEDY

3. (b) If veteran, name war No

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 17TH
year 1948 hour 5 minute 25 A.M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. HORACE KENNEDY 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JANUARY 14 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from before, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>11</u>	<u>3</u>	hr. _____ min. _____

Immediate cause of death coronary sclerosis

Due to arteriosclerosis

Due to _____

9. Birthplace CHINTON MISSOURI
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no
history of hypertension

10. Usual occupation AT HOME

11. Industry or business _____

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? _____

MOTHER FATHER

12. Name DANIEL S. DUDDEN

13. Birthplace LICKING COUNTY OHIO 1
(City, town, or county) (State or foreign country)

14. Maiden name LUCY A. BROWNING

15. Birthplace AUGUSTA ILLINOIS!
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. A. C. TERRELL

(b) Address 28 EAST 32ND STREET TERRACE

17. (a) BURIAL (b) Date thereof DEC-20-1948
(Burial, cremation, or removal) (City, town, or county) (State or foreign country)

(c) Place: burial or cremation NATIONAL MILITARY CEMETERY FORT LEAVENWORTH, KANS.

While at work? _____ (Specify type of place)

(e) Means of injury 3

Signature James C. Walker (M. D. or other) _____

Address 1444 N. 1st St Date signed 12-18-48

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 12-20-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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..... *John E. Praking*

Licensed Embalmer No. *4483*

P. O. Address. *Kansas City, 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.