

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 564

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4099 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill 6yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>105 N Lake 1</u>		d. STREET ADDRESS (If rural, give location) <u>105 N. Lake St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u> b. (Middle) <u>Kennedy</u> c. (Last) <u>Van Hoy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-12-49</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-14-1874</u>
9. AGE (In years last birthday) Months Days <u>74 0 28</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Jackson County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Washington Kennedy</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Amos</u>		14. NAME OF HUSBAND OR WIFE <u>Char Van Hoy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James Van Hoy</u>		ADDRESS <u>Pleasant Hill Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, aneurysm, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES <u>sinus</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>4/22/2</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1/12</u> , 19 <u>49</u> , to <u>1/12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1/12</u> , 19 <u>49</u> , and that death occurred at <u>11:05 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Bess Zande Co 2</u>		23b. ADDRESS <u>Pleasant Hill Mo</u>	
23c. DATE SIGNED <u>1/13/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>1-15-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 15, 1949</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>	
51		25. FUNERAL DIRECTOR'S SIGNATURE <u>N. Bangs Foyel</u>	
ADDRESS <u>Summit</u>			

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed N.B. Langford

Licensed Embalmer No. 5833

P. O. Address Leis Summit,

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.