

FILED JAN 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **580**

BIRTH NO. * _____ REG. DIST. NO. **61** PRIMARY REG. DIST. NO. **4102** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldorado Springs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldorado Springs	
c. LENGTH OF STAY (In this place) 37 yrs.		d. STREET ADDRESS (If rural, give location) 500 #02 North Grand	
d. FULL NAME OF HOSPITAL OR INSTITUTION Broadway and Kirkpatrick?			

3. NAME OF DECEASED (Type or Print) a. (First) Ferderic b. (Middle) S. c. (Last) Kennedy			4. DATE OF DEATH (Month) (Day) (Year) Jan 18, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 19, 1884		9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR Days 2 IF UNDER 24 HRS. Hours 2 Min. 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common laborer		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME James Knox Blk Kennedy		13b. MOTHER'S MAIDEN NAME Mary Helen Briggs		14. NAME OF HUSBAND OR WIFE Myrtle Kennedy	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME Evelyn Kennedy ADDRESS #02 North Grand, Eldorado Springs	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS 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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Eldorado Springs Cedar Missouri	
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? Hanging	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. Swinn, Coroner		23b. ADDRESS Eldorado Springs, Mo.		23c. DATE SIGNED 1-19-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 21, 1949		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Eldorado Springs, Mo.	
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DATE REC'D BY LOCAL REG. 1-20-49		REGISTRAR'S SIGNATURE [Signature]		418		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) Swinn - Carothers, Eldorado Springs, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 7,
District File Number 1-2-48-1634
Date Filed 1-2-4-49

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 Wm. C. Carothers
Licensed Embalmer No. 4419

P. O. Address Woodlands Spring

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.