

FILED FEB 16 1949

STANDARD CERTIFICATE OF DEATH

4494

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4198 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>King City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>King City</u>	
c. LENGTH OF STAY (In this place) <u>All Lif</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			
3. NAME OF DECEASED (Type or Print) <u>Amanda</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Kennedy</u>	
4. DATE OF DEATH <u>1.24.1949</u>		5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>3.7.1872</u>		9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR: Months <u>10</u> Days <u>17</u> IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>invalid</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>****</u>	
11. BIRTHPLACE (State or foreign country) <u>Fairport Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Isaac Sherad</u>		13b. MOTHER'S MAIDEN NAME <u>Cathrine Cornelius</u>	
14. NAME OF HUSBAND OR WIFE <u>John</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Homer Kennedy (Son)</u> ADDRESS <u>King City, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> ANTECEDENT CAUSES <u>Complete Idiopathic Paralysis</u> Morbidity 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. <u>1949</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>		4 years <u>4</u> months <u>0</u> days <u>0</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>King City</u> (COUNTY) <u>Gentry Co</u> (STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>March 1936</u> , to <u>Jan 24, 1949</u> , that I last saw the deceased alive on <u>Jan 24, 1949</u> , and that death occurred at <u>2 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Jack A. Barnes</u> (Degree or title) <u>Dv. 2</u>		23b. ADDRESS <u>King City Mo</u>	
23c. DATE SIGNED <u>1.26.49</u>		24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>1.26.1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>King City</u>	
24d. LOCATION (City, town, or county) <u>King City Mo</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>Jan 27-1949</u>		REGISTRAR'S SIGNATURE <u>Homer N. Webster</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>R. A. Faggart</u>		ADDRESS <u>King City Mo</u>	

Barnes

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.

Signed

R. G. Taggart

Signed.....

Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King 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.