

FILED APR 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12815
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>4240</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</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>Blue Springs</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blue Springs</u>			
c. LENGTH OF STAY (in this place) <u>3 yr</u>				d. STREET ADDRESS (If rural, give location) <u>City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>IRMA</u>		b. (Middle) <u>O</u>		c. (Last) <u>Lee</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 20 1949</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife & Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>OCT. 30 - 1923</u>		9. AGE (In years last birthday) <u>25</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
11. BIRTHPLACE (State or foreign country) <u>Richmond Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>EDWARD P. Kennedy</u>			
13b. MOTHER'S MAIDEN NAME <u>Viola Danner</u>		14. NAME OF HUSBAND OR WIFE <u>Claude Lee</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>495-24-5549</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Viola Kennedy - Blue Springs Mo.</u>				ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Toxic myocarditis</u> DUE TO (c) <u>Strept. throat</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>2 wks</u> <u>3 wks</u> <u>051X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
22. I hereby certify that I attended the deceased from <u>3-19</u> , 19 <u>49</u> , to <u>3-20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-20</u> , 19 <u>49</u> , and that death occurred at <u>2:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Merrill R. Bay Um.D.</u> (Degree or title)				23b. ADDRESS <u>Blue Springs Mo</u>		23c. DATE SIGNED <u>3-21-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Blue Springs Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-22-49</u>		REGISTRAR'S SIGNATURE <u>Ronald C. Emschauer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. G.B. Webb - Son</u> ADDRESS <u>Blue Springs Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 RB Webb.....

Licensed Embalmer No. 2353.....

P. O. Address Blue Springs.....

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.