

No. 300  
10.48

FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26153

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 890

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 2	
c. LENGTH OF STAY (in this place) 1 1/2 yrs.		d. STREET (If rural, give location) ADDRESS 605 1/2 N. 11th	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2nd and Francis St.			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Norvil c. (Last) Kennedy, Jr.			4. DATE OF DEATH (Month) (Day) (Year) August 12, 1949		
5. SEX male	6. COLOR OR RACE white	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11/6/1923	9. AGE (In years last birthday) 25	10. MONTHS 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Light & Power Co. Centerville, Iowa		11. BIRTHPLACE (State or foreign country) Centerville, Iowa	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME George Norvil Kennedy	13b. MOTHER'S MAIDEN NAME Vesper	14. NAME OF HUSBAND OR WIFE Betty Jean Kennedy
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. World war II 481-20-8513	17. INFORMANT'S SIGNATURE OR NAME Betty Jean Kennedy	ADDRESS 605 1/2 N. 11th
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Electrocution</b>		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Man was instantly killed when the bit of an air hammer he was using came in contact with a high tension conduct cable at the St. Joseph Power House main and Felix St. St. Joseph, Mo.</b>		E 9143	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Power Plant	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan 131
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Aug 12 - 1949 7:30 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Bit of air hammer struck on electric power line
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22. I hereby certify that I attended the deceased from on 8/12, 1949, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:30 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy M.D. (Coroner)	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 8/12/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug 13 1949	24c. NAME OF CEMETERY OR CREMATORY Centerville Cem.	24d. LOCATION (City, town, or county) (State) Centerville Iowa
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DATE REC'D BY LOCAL REG. Aug. 19, 1949	REGISTRAR'S SIGNATURE E. C. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meta Bowman Funeral 319 d 10 <sup>th</sup> St. Joseph Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 23 1949

AUG 25 1949

**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 William Spading

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. Jasper

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.