

FILED SEP 7 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27506

State File No. _____

13

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

BIRTH NO. _____		REG. DIST. NO. <u>243</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>70</u>		
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>NEOSHO</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		13		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1126 FREEMAN RD. D</u>				d. STREET ADDRESS (If rural, give location) <u>NEOSHO R.F.D. #2</u>				
3. NAME OF DECEASED (Type or Print) <u>PAUL WAYNE KENNEDY</u>			a. (First)			b. (Middle)		
c. (Last)			4. DATE OF DEATH			Month (Day) (Year) <u>AUG 27 1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>		8. DATE OF BIRTH <u>Nov. 2, 1946</u>		
9. AGE (In years last birthday) <u>2</u>		10. MONTHS <u>9</u>		11. DAYS <u>25</u>		12. IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Neosho Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>PAUL KENNEDY</u>			13b. MOTHER'S MAIDEN NAME <u>PAULINE BROWN</u>		
14. NAME OF HUSBAND OR WIFE			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>NONE</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>PAUL KENNEDY</u>			ADDRESS <u>NEOSHO R#2</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, asthenia, 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) <u>Burned to death when</u>							<u>89160</u> <u>16</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>house caught fire from</u>								
DUE TO (c) <u>exploding kerosene stove</u>								
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Neosho Newton 13 Missouri</u>				
21d. TIME OF INJURY <u>8-27-49 4:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Kerosene stove exploded sitting next to house</u>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>live on</u> <u>8-27</u> , 19 <u>49</u> and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Corley Thompson Cooney</u>				23b. ADDRESS <u>Neosho Missouri</u>		23c. DATE SIGNED <u>8/28/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-27-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR NEOSHO NEWTON MO.</u>		
DATE REC'D BY LOCAL REG. <u>Sept. 2, 1949</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Berman</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Corley Thompson</u>			
		ADDRESS <u>223</u>			ADDRESS			

RECEIVED

District Health Officer No. NEWTON Co. HEALTH UNIT
District File Number 949-152
Date Filed SEP 6 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 Stellie Kessel

Licensed Embalmer No. 4690

P. O. Address Neosho, 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.