

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43849**
Registrar's No. **2227**

BIRTH NO. _____		REG. DIST. NO. 165		PRIMARY REG. DIST. NO. 5577		Registrar's No. 2227			
1. PLACE OF DEATH a. COUNTY Vasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Vasper					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction, Mo		c. LENGTH OF STAY (in this place) 4 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CARL JUNCTION, MO		d. STREET ADDRESS (If rural, give location) 2 1/2 mi West Carl Jct			
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) Amanda b. (Middle) Virginia c. (Last) Kennedy		4. DATE OF DEATH (Month) (Day) (Year) 12-19-1949					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 2-8-12-1857			
9. AGE (In years last birthday) 92		10. MONTHS 4		11. DAYS 7		9. AGE (In years last birthday) IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Tappan Co. Ind		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James Weaver		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Ernest Kennedy					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Ernest Kennedy ADDRESS Carl Jct					
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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Arteriosclerosis and hypertension DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 331X	
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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Dec 19, 1949 , to Dec 19, 1949 , that I last saw the deceased alive on Dec 19, 1949 , and that death occurred at 2:25 pm. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) D. M. Pinkston, M.D.				23b. ADDRESS Carl Junction, Mo		23c. DATE SIGNED 12/19/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-21-1949		24c. NAME OF CEMETERY OR CREMATORY Carl Jct Cemetery		24d. LOCATION (City, town, or county) (State) Carl Junction, Mo			
DATE REC'D BY LOCAL REG. Dec 21/49		REGISTRAR'S SIGNATURE D. L. Satchell		25. FUNERAL DIRECTOR'S SIGNATURE Don Honey		ADDRESS Carl Junction			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Jasper County Health Office

County File Number 49-12-1018

Date Filed 1-24-50

JAN 30 1950

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb 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.