

FILED MAY 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15932**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 566

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) 1120 Main Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Kennedy c. (Last) Kennedy			4. DATE OF DEATH (Month) (Day) (Year) May 6, 1950		
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5. SEX female	6. COLOR OR RACE w hite	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan 18, 1872	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Days 3	IF UNDER 1 MIN. Hours 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newstand operator		10b. KIND OF BUSINESS OR INDUSTRY own	11. BIRTHPLACE (State or foreign country) Albany, New York		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Abram Kromer	13b. MOTHER'S MAIDEN NAME Abigal Fuller	14. NAME OF HUSBAND OR WIFE Walter C. Kennedy
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Memorial Home Records, St. Joseph, Mo.	ADDRESS
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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, asthma, 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) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis, general		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331x

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 3, 1950, to May 6, 1950, that I last saw the deceased alive on May 6, 1950, and that death occurred at 11:30A m., from the causes and on the date stated above.

23a. SIGNATURE L. J. Jensen	(Degree or title) MD	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 5-7-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/8/1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Mora	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. May 15, 1950	REGISTRAR'S SIGNATURE E. B. Jenkins	382	25. FUNERAL DIRECTOR'S SIGNATURE Kate Bowman	ADDRESS Memorial Home - St. Joseph, Mo.
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

W. Carl Jensen.

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.....

Eugene Wood

Signed.....

Student Embalmer

Licensed Embalmer No. *3804*

P. O. Address *314 56/0th, St. Joseph*

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.