

FILED JUL 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20753  
Registrar's No. 81

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5601

0510

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

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville 05410	
c. LENGTH OF STAY (In this place) 1 hr.		d. STREET ADDRESS (If rural, give location) Higginsville, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Miles N. Warrensburg			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) X c. (Last) Kennedy			4. DATE OF DEATH (Month) (Day) (Year) June 20 1950		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH June 20, 1925		9. AGE (In years) (Months) (Days) 25		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Sta. and Gas Ser. Sta.		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME Franklin M. Kennedy			13b. MOTHER'S MAIDEN NAME Vassie M. Roberts			14. NAME OF HUSBAND OR WIFE Never Married		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. #2		16. SOCIAL SECURITY NO. 489-22-7086		17. INFORMANT'S SIGNATURE OR NAME ADDRESS M. L. D. Kennedy Higginsville, Mo	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self inflicted gun shot wound in head		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		E976X	
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) Succeed		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4 miles N. Higginsville		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Warrensburg Johnson Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 20 1950 8:40 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from at coroners inquest, 1950, that I last saw the deceased alive dead when found and that death occurred at 8:40 PM, from the causes and on the date stated above.

23a. SIGNATURE Kelly Rawlins		(Degree or title) M.D. Coroner		23b. ADDRESS Holden, Mo		23c. DATE SIGNED 6/21/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-23-50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		24d. LOCATION (City, town, or county) (State) Johnson Co Missouri	
DATE REC'D BY LOCAL REG. June 22, 1950		REGISTRAR'S SIGNATURE Savannah Hutchins		147 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Brauningger - Warrensburg, Mo			

JAN 22 1951  
MAR 21 1951

SEP 13 1951

RECEIVED  
JUN 27 1950  
JOHNSON COUNTY HEALTH DEPT.

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed R. B. Bauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg

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.