S. No. 300
v. 10.48

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

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26338

BIRTH NO. _____ REG. DIST. NO. 91 PRIMARY REG. DIST. NO. 3012 Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs
c. LENGTH OF STAY (In this place): 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Excelsior Springs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mosby 0240
d. STREET ADDRESS (If rural, give location): Mosby, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): WILLIAM
c. (Last): KENNEDY

4. DATE OF DEATH (Month) (Day) (Year): JUNE 29/50

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 15, 1881
9. AGE (In years last birthday): 68 | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Coal Miner
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Midway, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Kennedy
13b. MOTHER'S MAIDEN NAME: Lee Alice Scribner
14. NAME OF HUSBAND OR WIFE: Della Long Kennedy, Mosby Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): no.
16. SOCIAL SECURITY NO.: 488-05-9364
17. INFORMANT'S SIGNATURE OR NAME: Della Long Kennedy
ADDRESS: Mosby, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Crater ulcer of pyloric end of stomach.

DUE TO (c) — 5400

II. OTHER SIGNIFICANT CONDITIONS*

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/8/50
19b. MAJOR FINDINGS OF OPERATION: Partial gastrectomy (findings stated above)
20. AUTOPSY? YES ☐ NO ☒

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)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 2, 1946, *to* June 29 1950, *that I last saw the deceased alive on* June 29, 1950 *and that death occurred at* 4.00p *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) M. D.
23b. ADDRESS: Excelsior Springs, Mo.
23c. DATE SIGNED: 6/29/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 1st/50
24c. NAME OF CEMETERY OR CREMATORY: Crown Hill Cemetery
24d. LOCATION (City, town, or county) (State): Excelsior Springs Mo.

DATE REC'D BY LOCAL REG.: 7-1-50
REGISTRAR'S SIGNATURE: Caroline Durbin
25. FUNERAL DIRECTOR'S SIGNATURE: Hope Funeral Home Virgil Hope
ADDRESS: Excelsior Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 7 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs 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.