

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32273

State File No.

BIRTH NO. _____ REG. DIST. NO. 320 PRIMARY REG. DIST. NO. 6081 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>St. Genevieve - Trap</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Genevieve</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Near Weingarden</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rt 1, Union Trap</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Weingarden</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 14, 1950</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u> b. (Middle) <u>F.</u> c. (Last) <u>KENNEDY</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Dec. 26, 1880</u>	
9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>69</u> <u>8</u> <u>18</u>		10. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>Retired</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Carol Kennedy</u>	
13b. MOTHER'S MAIDEN NAME <u>Albie Kennedy</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Kennedy</u>	
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>496-14-5146</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ida Kennedy</u>		ADDRESS <u>Weingarden Rt 1, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Viral Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>492x</u>	
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)		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 <u>Sept 4, 1950</u> , to <u>Sept 14, 1950</u> , that I last saw the deceased alive on <u>Sept 13, 1950</u> , and that death occurred at <u>2:40 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>L. M. Stanfield</u>		23b. ADDRESS <u>20, 2 Farmington Mo</u>	
23c. DATE SIGNED <u>9/15/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Sept. 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Genevieve Cemetery near Weingarden Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>near Weingarden Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u>	
25. ADDRESS <u>Flatorney Mo.</u>		DATE REC'D BY LOCAL REG. <u>Sept. 20, 1950</u>	
REGISTRAR'S SIGNATURE <u>Yvonne M. Karl - Dep</u>		350	

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

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File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 23 1950

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

R. Caldwell

Signed.....
Student Embalmer

Licensed Embalmer No. *2531*

P. O. Address *Flat River, 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.