

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 247

BIRTH NO. 39379-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Halls, Center Twsp.</u>	
		d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>DEBORAH</u>	b. (Middle) <u>LYNN</u>	c. (Last) <u>KENNEDY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 1 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>7-20-1950</u>
9. AGE (In years last birthday) <u>5</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John J. Kennedy</u>		13b. MOTHER'S MAIDEN NAME <u>Essie Thelma Cotrell</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Essie T. Kennedy, Halls, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Laryngo tracheo Bronchitis</u>			<u>500X</u>	
		ANTECEDENT CAUSES				
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>XXXXXX</u> DUE TO (c) <u>XXXXXX</u>				
		II. OTHER SIGNIFICANT CONDITIONS				
		Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <u>12-29-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Tracheotomy</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXXXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXXXXX</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXXXX</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>XXXXXXXXXX</u>	

22. I hereby certify that I attended the deceased from Dec. 29, 1950, to Jan. 1, 1951, that I last saw the deceased alive on Dec. 31, 1950, and that death occurred at 2:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Tootle Building St. Joseph, Missouri</u>		23c. DATE SIGNED <u>1-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashalnd Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Jan. 9, 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] St. Joseph, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed.....
Student Embalmer

Student Embalmer No.

Signed..... *John E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.