

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1759

582
3

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

BIRTH NO. 582		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 3038		Registrar's No. 369		
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		0582		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>111 W. Helm</u>				d. STREET ADDRESS (If rural, give location) <u>328 E. Clayton</u>				
3. NAME OF DECEASED a. (First) <u>JOSEPH</u>			b. (Middle) <u>JOHN KENNEDY</u>			c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-3-1951</u>								
5. SEX <u>M.O</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May-11-1901</u>	9. AGE (In years last birthday) <u>49</u>	MONTHS <u>7</u>	DAYS <u>22</u>	
10a. USUAL OCCUPATION (Give kind of work depicting most of working life, even if retired) <u>Garage Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>New Cambria Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		
13a. FATHER'S NAME <u>Samuel Kennedy</u>			13b. MOTHER'S MAIDEN NAME <u>Bridget Qualley</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Kennedy</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>487-014882</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jessie Kennedy Brookfield 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Killed with 22 rifle, shot entering right temple</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Causing instant death</u> DUE TO (c) <u>Self-inflicted</u>					INTERVAL BETWEEN ONSET AND DEATH <u>69/96</u> <u>43</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1758</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Probably accidental</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Garage</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brookfield Linn Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-3-51 9A</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>11:15 P.M.</u> , 19 <u>51</u> , to <u>1:00 P.M.</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-3-51</u> , and that death occurred at <u>Brookfield, Mo.</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dale Bunch</u>			23b. ADDRESS <u>Carroll's</u>			23c. DATE SIGNED <u>1/3/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan-5-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>		
DATE REC'D BY LOCAL REG. <u>1/5/51</u>		REGISTRAR'S SIGNATURE <u>N B Ewing</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>167</u>		ADDRESS		

Date Received: JAN 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 1-51-82
Date Filed: JAN 20 1951

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

J. M. Blacklock

Signed.....

Student Embalmer

Licensed Embalmer No. *2246*

P. O. Address *Brookfield 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.