

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31705

State File No. ....

FILED SEP 27 1952

4085

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>2 wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Home Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hosp.</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>B.</u> c. (Last) <u>Kennedy</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 14 1952</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>June 18, 1875</u>	9. AGE (In yrs last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Section Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>H.C. So. B.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison, Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Orville Kennedy</u>		13b. MOTHER'S MAIDEN NAME <u>Steele</u>		14. NAME OF HUSBAND OR WIFE <u>Arva Kennedy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Arva Kennedy Home 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Fibillation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Damage 7 years</u>		
	DUE TO (c) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral hemorrhage - 2 years</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) <u>no</u>	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) (Min.) _____	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 2-2-1952 to 9-14-1952, that I last saw the deceased alive on 9-14-1952, and that death occurred at 1:07 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Miller</u> (Degree or title) _____	23b. ADDRESS _____	23c. DATE SIGNED <u>9-16-52</u>
24a. BIRTH OF CREMATOR (Name) _____	24b. DATE _____	24c. NAME OF CEMETERY OR CREMATORY _____
24d. LOCATION (City, town, or county) _____	24e. (State) _____	

DATE REC'D BY LOCAL REG. <u>9-16-52</u>	REGISTRAR'S SIGNATURE <u>St. Pauline Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Wilton L. Kephly Ind. Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 9 1950

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 Wilton L. Kepley

Licensed Embalmer No. 4225

P. O. Address Indep. 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.