

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9920

State File No. 1444

FILED MAR 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1444</u>								
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>JACKSON</u>						
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>25 yrs</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSP</u>				e. STREET ADDRESS (If rural, give location) <u>3221 BROADWAY</u>				<u>3H 10</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>BLANCHE</u>			b. (Middle) <u>LOTTAINE</u>			c. (Last) <u>KENNEDY</u>								
4. DATE OF DEATH (Month) (Day) (Year) <u>3 9 53</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>4/2/27</u>						
9. AGE (In years last birthday) <u>25</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hour _____ Min. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WAITRESS</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TAVERN</u>						
11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MO</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>			13a. FATHER'S NAME <u>HIRAM GENSLER</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA SMITH</u>			14. NAME OF HUSBAND OR WIFE <u>JAMES 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>496-24-5381</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Hiram Gensler</u>			ADDRESS <u>K.C. 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>Fractured Skull</u> <u>Fractured R Hip</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>History of Infection</u>						INTERVAL BETWEEN ONSET AND DEATH <u>34</u> <u>31</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No Post Mortem</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Kansas City</u>		(COUNTY) <u>Jackson</u>		(STATE) <u>MO</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-9-53 2:00 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>hit via industrial railing</u> <u>Auto struck over car</u>										
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.														
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title)				23b. ADDRESS <u>1034 Birch Blde</u>				23c. DATE SIGNED <u>3-9-53</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/12/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>								
DATE REC'D BY LOCAL REG. <u>3-11-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>SHIELDS</u>			ADDRESS <u>K.C. Mo</u>						

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 Edward B. Meritt, Student Embalmer No. 490 working under my personal supervision..

Student Edward B. Meritt
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 4849

P. O. Address H. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.