

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

24914

3219

FILED JUL 17 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1602</u>		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>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>15 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		<u>3278</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital # 2</u>				d. STREET ADDRESS (If rural, give location) <u>1404 Holmes</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lula</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Kennedy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June-23 1953</u>		
5. SEX <u>3 female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3-14-1875</u>		
9. AGE (in years last birthday) <u>78</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Atchison, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>William Browne</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Crittendon</u>		14. NAME OF HUSBAND OR WIFE <u>William B. 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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Josephine Browne</u> ADDRESS <u>512 W. 9th. Kansas</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 <u>Pulmonary Embolism</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (a) <u>Open Reduction</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>89037</u> <u>44</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT OR HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, shop, office bldg., etc.) <u>229 Cherry</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>K. C. Jackson Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6/8/53</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Visiting Hoop. fell on floor</u>				
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>19</u> , that I last saw the deceased alive on <u>19</u> and that death occurred at <u>9:55 a.m.</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>Dr. J. J. Jones</u>		23b. ADDRESS <u>1612 E 12th</u>		23c. DATE SIGNED <u>6/24/53</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-26-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Vernon</u>		24d. LOCATION (City, town, or county) (State) <u>Atchison, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>6-26-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. J. W. Jones 440 state ave.</u>				

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

JUL 17 1958

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 *C. A. West*

Licensed Embalmer No. 2710

P. O. Address B. 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 this body is not embalmed, fact should be so stated above.