

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3056

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>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>23 days</u>	c. CITY OR TOWN <u>Liberty</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Medical Center</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Route # 2 10001</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alvie</u> b. (Middle) <u>V.</u> c. (Last) <u>Kennedy</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 30, 1954</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Sept. 10, 1889</u>	9. AGE (In years last birthday) <u>64</u> if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pueblo, Colorado</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Stephen Creeland</u>	13b. MOTHER'S MAIDEN NAME <u>Sophie Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Rolley K. Kennedy</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Rolley K. Kennedy</u> ADDRESS <u>Liberty Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Colitis e ulceration, acute - left col</u>		
ANTECEDENT CAUSES			
*Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			
11. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary atelectasis</u>		<u>5722</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) (m.)	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 6-8, 1954 to 6-30, 1954 that I last saw the deceased alive on 6-30, 1954, and that death occurred at 2:47 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack B. Drans</u> BY <u>DRANS</u> (Degree or title) D.	23b. ADDRESS <u>330 Perry Blvd</u>	23c. DATE SIGNED <u>7-1-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>	24b. DATE <u>July 3, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Abbey</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Newcomer</u> ADDRESS <u>1331. EAST GREEN Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-3-54</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</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, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Richard K. Proger*

Licensed Embalmer No. *145*

P. O. Address *Kenner, La.*

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.