

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED MAY 29 1956

State File No. **16777**

BIRTH NO. _____		REG. DIST. NO. <b>156</b>		PRIMARY REG. DIST. NO. <b>2001</b>		Registrar's No. <b>222</b>		
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>Joplin</b>		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 <b>824 Connor Ave</b>				e. STREET ADDRESS (If rural, give location) <b>207 1/2 Main Street</b>				
3. NAME OF DECEASED (Type or Print) <b>Maggie</b>			a. (First)		b. (Middle)		c. (Last) <b>Kennedy</b>	
4. DATE OF DEATH		(Month) (Day) (Year)		<b>5-11-1956</b>				
5. SEX <b>Female</b>		6. COLOR OF RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>9-25-1886</b>		
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Hazel, Missouri</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>								
13a. FATHER'S NAME <b>Anson M. Vicory</b>			13b. MOTHER'S MAIDEN NAME <b>Emma Irvin Clark</b>		14. NAME OF HUSBAND OR WIFE <b>Kennedy, David</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs Mammie Crumwell 207 1/2 Main St Joplin Mo</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Obstruction to portal circulation; either cirrhosis or cancer</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>583x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>January 9 51</b> , to <b>5-9-1956</b> , that I last saw the deceased alive on <b>5-9-1956</b> , and that death occurred at <b>5:30 P.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>E. O. Martin</b>				(Degree or title)		23b. ADDRESS <b>709 Joplin St Joplin Mo</b>		
23c. DATE SIGNED <b>5-16-1956</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-14-1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Osborne Mem</b>		
24d. LOCATION (City, town, or county) (State) <b>Joplin Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Dove Merriam Thornhill - Dillon Joplin Mo</b>						
DATE REC'D BY LOCAL REG. <b>5-22-56</b>		REGISTRAR'S SIGNATURE <b>Dove Merriam Thornhill</b>						

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

RECEIVED MAY 20 1956  
Jasper County Health Office  
County File Number 56-5-1113  
Date Filed MAY 20 1956

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 *William F. Huddle*

Licensed Embalmer No. 47

P. O. Address *Joplin*

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.