

FILED OCT 7 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 941

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp.		Length of stay in lb 50 Yrs.	d. STREET ADDRESS (If outside, give location) 1346 E. Catalpa		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle T. Last KENNEDY			4. DATE OF DEATH Month Sept. Day 28 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 13 1884	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 7 Days 13 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retd. Kennedy Brick & Steel Co.		10b. KIND OF BUSINESS OR INDUSTRY Brick & Steel Co.	11. BIRTHPLACE (City and state or country) Chaham Ont. Canada		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William S. Kennedy			14. MOTHER'S MAIDEN NAME Mary E. Doyle		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go on, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-36-6304	17. INFORMANT Address Mrs. Anna B. Kennedy Springfield, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) congestive heart failure (cardiac insufficiency) DUE TO (b) atheriosclerosis heart disease DUE TO (c) 4200 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) HYPOTHYROIDISM SECONDARY TO XRAY IRRADIATION OF THYROID DURING TREATMENT OF LARYNGEAL TUMOR ABOUT 6 YRS AGO.					INTERVAL BETWEEN ONSET AND DEATH Few Mths. 1 yr.
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) TREATMENT OF LARYNGEAL TUMOR ABOUT 6 YRS AGO.				
20c. TIME OF INJURY Hour a. m. Month, Day, Year p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. I attended the deceased from 11-13-56 to 9-28-57 and last saw her/him alive on 9-28-57 Death occurred at 4:40 a. m. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Wm. O. T. Turner			22b. ADDRESS M. D. 609 Cherry-Springfield, Mo.		22c. DATE SIGNED 9-30-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9/30/57	23c. NAME OF CEMETERY OR CREMATORY St. Mary's	23d. LOCATION (City, town, or county) (State) Springfield, Mo.		
24. FUNERAL DIRECTOR ADDRESS H. H. Lohmeyer Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 10-2-57	25. REGISTRAR'S SIGNATURE Edith Williams		

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.....
Gene L. L...

Licensed Embalmer No.

P. O. Address.....
Sp...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.