

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007966

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 42 STATE FILE NUMBER

FILED VS MAR 17 1961

1. PLACE OF DEATH
 a. COUNTY Cass
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Harrisonville Length of stay in lb 25 yr.
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)
 a. STATE Missouri b. COUNTY Cass
 c. CITY OR TOWN Harrisonville Inside Limits Yes No
 d. STREET ADDRESS (if outside, give location) 1084 N. Independence Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
ALLEN BRYAN KENNEDY Mar 5 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH June 13 1899 9. AGE (last birthday) 63
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Cass Co. Mo. 11. BIRTHPLACE (City and state or country) Cass Co. Mo. 12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME John Cidd Kennedy 13b. MOTHER'S MAIDEN NAME Hattie Belle Scott 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Mallory Kennedy Address Pleasant Hill 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) Carcinoma of Lung with metastatic lesions to bone
 DUE TO (b) _____
 DUE TO (c) _____
 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)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 _____ to _____ and last saw her/him alive on _____
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. Upsher (Degree Title) MD 22b. ADDRESS Hannas City - Mo 22c. DATE SIGNED 3/5/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Mar 7-1961 23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem. Pleasant Hill Mo. 23d. LOCATION (City, town or county) Pleasant Hill Mo.

24. FUNERAL DIRECTOR Wallace Funeral Home ADDRESS Pleasant Hill Mo 25. DATE RECD. BY LOCAL REG. Mar 7/1961 26. REGISTRAR'S SIGNATURE Ms Ray Sebiee

MAR 17 1961

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 Frank E. Runnenbuehler

Licensed Embalmer No. 5073

P. O. Address Harrisonville

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.