

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5483** STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED JUN 26 1961

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in lb **36 Yrs.**  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **E/R to City Hosp.** Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** COUNTY \_\_\_\_\_  
 b. CITY OR TOWN **St. Louis** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **1817 S. Jefferson** Residence on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **HIRAM** Middle **L.** Last **KENNEDY**  
 4. DATE OF DEATH Month **June** Day **12** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **1/20/08** 9. AGE (last birthday) **53**  
 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) **Clerk** 10b. KIND OF BUSINESS OR INDUSTRY **Shoe Co.** 11. BIRTHPLACE (City and state or country) **Coldwater, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Thomas Kennedy** 13b. MOTHER'S MAIDEN NAME **Lillian Eryman** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) **Yes WW 2** 16. SOCIAL SECURITY NO. **WW 2** 17. INFORMANT Address **St. Louis, Mo.** **Jack P. Kennedy, 1817 S. Jefferson**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **Chronic Myocarditis with and old infarct in the anterior wall.**  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) **426.1**  
 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 alive on \_\_\_\_\_  
 Death occurred at **310 A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Joseph P. Smith, Deputy from** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **6/12-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **6/14/61** 23c. NAME OF CEMETERY OR CREMATORY **Coldwater** 23d. LOCATION (City, town, or county) (State) **Coldwater, Mo.**

24. FUNERAL DIRECTOR ADDRESS **McLaughlin, 2301 Lafayette (4)** 25. DATE RECD. BY LOCAL REG. **JUN 12 1961** 26. REGISTRAR'S SIGNATURE **Paul Smith, M.D.**

**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 James R. Chapman  
Licensed Embalmer No. 4550  
P. O. Address St. Louis

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.