S. No. 2
DM—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 5 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8661

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1345

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1658 Belleview
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1658 Belleview
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME GRACE ETHEL KENNARD

3. (b) If veteran, name war ********

3. (c) Social Security No. ********

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred E. Kennard

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased November (Month) 23, (Day) 1882 (Year)

8. AGE: Years 62 Months 3 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Council Bluff (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self

FATHER
12. Name George Pitney
13. Birthplace No inform. (City, town, or county) No Inform. (State or foreign country)

MOTHER
14. Maiden name No Information
15. Birthplace No inform. (City, town, or county) No Inform. (State or foreign country)

16. (a) Informant Mr. Fred E. Kennard
(b) Address 1658 Belleview

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918-920 Brooklyn

19. (a) 3-23-45 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1945 hour 12:10 minute Mid. M.

21. I hereby certify that I attended the deceased from March 24 1945 to March 22 1945; that I last saw her alive on March 22 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 2

Due to myocarditis Chronic

Due to .....

Other conditions 93 D.
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? ..... (e) Means of injury 2

23. Signature Charles Glass (M. D. or other) D.O.

Address 808 W 17 St Date signed 3/23/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Charles Glass
808 West 17th.

Office- Ha-6546
Res. ~~Gr-1320~~

10 am today.

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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed C H Wise

Licensed Embalmer No. 25-20

P. O. Address KC Mo

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 this body is not embalmed, fact should be so stated above.