

No. 39  
2

JUN 13 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18387  
State File No. \_\_\_\_\_  
Registrar's No. 431

Registration District No. 318 Primary Registration District No. 2001

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

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2028 N Benton 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Robert Lee Kennedy  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 5 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation News paper man

11. Industry or business news paper

12. Name Daniel L Kennedy

18. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Lula Boyd

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. M. Acuff

(b) Address Springfield, Mo

17. (a) Buried (b) Date thereof May 12, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director J. H. Klingner

(b) Address Springfield Missouri

19. (a) 5-1-40 (b) W. C. Haudley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2028 N Benton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

20. DATE OF DEATH: Month May day 11  
year 1940 hour 5 minute 30 AM.  
21. I hereby certify that I attended the deceased from 4-20  
1940 to 5-10 1940  
that I last saw him alive on 5-10 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis, cystitis, hypotension  
Due to chronic myocardial insufficiency  
Due to \_\_\_\_\_  
Other conditions 121  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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? at home  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Mary Jean Otherting (M. D. or other) \_\_\_\_\_  
Address 333 S. W. Daniel Date signed 5-11-40

Duration 3 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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.....

*Egle Stone Jr*  
....., Registered Apprentice No. *237*  
working under my personal supervision.

Signed.....

*Edward D. Nollitt*  
.....  
Licensed Embalmer No. *4905*

P. O. Address *Springfield 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of Missouri

State File No. ....

County of Greene } ss.

**AFFIDAVIT FOR CORRECTION OF A RECORD**

Local Registrar's No. ....

On this 11th day of June, 1940, before me appears.....

J. M. Acuff, who, upon his oath, states that the original record of ~~birth~~ death for Robert Lee Kennedy, who <sup>died</sup> ~~born~~ May 11, 1940, in the State of Missouri, and which was filed at Springfield, Mo. on May 12, 1940, should be corrected as follows:

Item No. 16 should read Mr. J. M. Acuff

Instead of Mrs. Acuff

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant J. M. Acuff None Relationship.

640 E. Madison Springfield, Mo.  
Present Address.

Subscribed and sworn to before me this 11th day of June, 1940.

My Commission expires July 5, 1943 Luella J. Fernigan Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

5-18387