

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

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All items must be complete and accurate.

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The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer (or Coroner, if inquest was held).

THIS COPY FOR STATE BOARD OF HEALTH

Birth No. 122.....

NORTH CAROLINA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Coroner
Crown 5799

APR 5 1955

REGISTRATION DISTRICT NO. 25-02 REGISTRAR'S CERTIFICATE NO.

1. PLACE OF DEATH a. COUNTY <u>Craven</u>		b. TOWNSHIP <u>3A</u>	c. LENGTH OF STAY (in this place)	2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <u>NC</u> b. COUNTY <u>Craven</u>		
d. CITY OR TOWN <u>Cove City</u>		Is Place of Death Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. CITY OR TOWN <u>Dover</u>		Is Place of Residence Within City Limits? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
e. FULL NAME OF (If not in hospital or institution, give street address or location) <u>RFP</u>				d. STREET ADDRESS or R. F. D. NO. <u>RFD # 2</u>		
3. NAME OF DECEASED (First) <u>James</u> (Middle) <u>Anton</u> (Last) <u>Kennedy</u>			4. DATE OF DEATH <u>Mar. 2 - 1955</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 6 - 1922</u>	9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Tractor Oper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>N.C. Commissioner of Agriculture</u>		11. BIRTHPLACE (State or foreign country) <u>Craven Co., N.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Steve Kennedy</u>			14. MOTHER'S MAIDEN NAME <u>Nannie Bassler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>W.W. #2</u>		17. INFORMANT'S NAME AND ADDRESS <u>Mrs Mammie S. Kennedy Dover N.C. RFD #2</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>9128</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Possible Fracture & Concussion</u> ANTECEDENT CAUSES DUE TO (b) <u>of Brain in Right Temporal</u> DUE TO (c) <u>area of Skull</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Instantly</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #1 Cove City</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cove City #9 Craven N.C.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 2 1955 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tractor accident while fire fighting</u>		
22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>Dr. Clyde Smith (Coroner)</u>			23b. ADDRESS <u>New Bern N.C.</u>		23c. DATE SIGNED <u>3/5/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-4-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Frenton, N.C.</u>		24d. LOCATION (City, town, or county) (State) <u>Frenton, N.C.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 10/55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Robert Avey</u>		25. FUNERAL DIRECTOR <u>Garrett's Home</u> ADDRESS <u>Kraker N.C.</u>		

FORM 8
Rev. 1/49