V69B

14452

STATE OF MONTANA

LOCAL REGISTRAR NO.

TRIPLICATE FOR LOCAL REGISTRAR

CERTIFICATE OF DEATH

STATE BOARD OF HEALTH
Division of Records and Statistics

STATE FILE NO. M67-4000

Type or Write Plainly With Unfading Ink
This Margin Reserved for Binding

1. PLACE OF DEATH
a. COUNTY: Silver Bow
b. CITY, TOWN, OR LOCATION: Butte
c. LENGTH OF STAY IN (a): 4 Days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): 1925 Monroe
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☐ NO ☒

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE: Oregon
b. COUNTY:
c. CITY, TOWN, OR LOCATION: Klamath Falls
d. STREET ADDRESS: 1900 Esplanade
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐
f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print): First: Anita; Middle: Ann; Last: Kennedy

4. DATE OF DEATH: Month: March; Day: 17; Year: 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 2/24/1893

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR OR UNDER 24 HRS. — If Months, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Butte, Montana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Stears

14. MOTHER'S MAIDEN NAME: Ann Kelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: John A. Kennedy Address: Klamath Falls, Oregon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): Cardiac Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
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 3-17-67 to 3-17-67 and last saw her alive on 3-17-67
Death occurred at 1. P. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Leo L. Jacobsen (Degree or title): Coroner
22b. ADDRESS: County Court House
22c. DATE SIGNED: 3-18-67

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-18-67
23c. NAME OF CEMETERY OR CREMATORY: Mount Calvary Cemetery
23d. LOCATION (City, town, or county) (State): Klamath Falls, Oregon

24. FUNERAL DIRECTOR: Duggan Merrill ADDRESS: Butte, Montana Lic. No. 182
25. DATE RECD. BY LOCAL REG.:
26. REGISTRAR'S SIGNATURE:

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of John A. Kennedy

this 29 day of May A. D. 19 67 at 1:15 o'clock PM., and

duly recorded in Vol. M-67, of deeds on Page 4000

Fee 1.50

DOROTHY ROGERS, County Clerk

By Deputy

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