

UNOFFICIAL COPY

THE OFFICIAL RECORD OF THIS DEATH IS PERMANENTLY KEPT WITH THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH AT SPRINGFIELD. COUNTY CLERKS AND LOCAL REGISTRARS ARE AUTHORIZED TO MAKE CERTIFICATIONS FROM COPIES OF THE ORIGINAL RECORD. THE ILLINOIS STATUTES PROVIDE THAT THE CERTIFICATION OF A DEATH RECORDED BY THE DEPARTMENT OF PUBLIC HEALTH OR THE LOCAL REGISTRAR SHALL BE PRIMA FACIE EVIDENCE IN ALL COURTS AND PLACES OF THE FACTS THEREIN STATED. PRINTED BY THE AUTHORITY OF THE STATE OF ILLINOIS.

AT _____ HINSDALE _____ ILLINOIS _____ OFFICIAL TITLE _____ REGISTRAR _____

DATE _____ MAR 7 1977 _____ SIGNED *[Signature]*

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEDENT NAMED AT ITEM 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS AND DEATHS.

REGISTRATION DISTRICT NO. **22.005**
 REGISTERED NUMBER **101**
 STATE OF ILLINOIS
 MEDICAL CERTIFICATE OF DEATH
 STATE FILE NUMBER

1. DECEASED - NAME **ALPHONSO KENNEDY** LAST **SE** SEX **M** DATE OF DEATH (MONTH, DAY, YEAR) **3-6-77**
 2. RACE - WHITE
 3. AGE - 80
 4. DATE OF BIRTH (MONTH, DAY, YEAR) **8-7-96** PLACE OF BIRTH (CITY, STATE, COUNTY) **BOLOGNE**
 5. CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER

6. BIRTHPLACE (STATE OR FOREIGN COUNTRY) **WESTMONT** 7. CITIZEN OF WHAT COUNTRY **USA** 8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, REMARRIED
 9. SOCIAL SECURITY NUMBER **332-26-6140** 10. NAME OF SURVIVING SPOUSE (MARRIED NAME, IF DIFFERENT) **FRANCES STEPHENSON**
 11. U.S. WAR VETERAN **YES** 12. WAR OR DATES OF SERVICE

13. RESIDENCE **ILLINOIS** 13a. COUNTY **COOK** 13b. CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER
 14. FATHER - NAME **ALPHONSO KENNEDY** 14a. MOTHER - MARRIAGE NAME **DOORINER** 14b. STREET AND NUMBER **110 COTHELINE**
 15. INFORMANT'S SIGNATURE **ALPHONSO KENNEDY** 16. RELATIONSHIP **DOORINER** 17. ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **1705 REC... 5501 S PASS WESTMONT IL**

18. DEATH WAS CAUSED BY **ACUTE MYOCARDIAL INFARCTION** (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
 IMMEDIATE CAUSE **ACUTE MYOCARDIAL INFARCTION**
 INTERMEDIATE CAUSE **CHOLESTEROL**
 REMOTE CAUSE **DIABETES**

19. OTHER SIGNIFICANT CONDITIONS: **DIABETES, CHOLESTEROL, HYPERTENSION, CORONARY ARTERY DISEASE, OBESITY, HYPERTENSIVE HEART DISEASE, CHRONIC KIDNEY DISEASE, CHRONIC LUNG DISEASE, CHRONIC COLITIS, CHRONIC PANCREATITIS, CHRONIC GASTRITIS, CHRONIC BRONCHITIS, CHRONIC SINUSITIS, CHRONIC OTITIS MEDIA, CHRONIC OTITIS EXTERNA, CHRONIC OTITIS MEDIA WITH EFFUSION, CHRONIC OTITIS MEDIA WITH GRANULATION TISSUE, CHRONIC OTITIS MEDIA WITH CHOLESTEATOMA, CHRONIC OTITIS MEDIA WITH POLYPS, CHRONIC OTITIS MEDIA WITH MASTOIDITIS, CHRONIC OTITIS MEDIA WITH ABSCESS, CHRONIC OTITIS MEDIA WITH CAROTID ARTERY Atherosclerosis, CHRONIC OTITIS MEDIA WITH STENOSES OF OPERATIONS**
 DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20. I ATTENDED THE DECEASED FROM **3/6/77** TO **3/9/77** HOUR OF DEATH **10:45 AM**
 21. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED
 SIGNATURE **[Signature]** DATE SIGNED **3/9/77** ILLINOIS LICENSE NUMBER **60902**

22. MAINTAIN ADDRESS - CERTIFIER **DR. ALPHONSO KENNEDY** CITY OF TOWN **BERWYN** STATE **ILL.**
 23. BUREAU OF CREMATION, REMOVAL, BURIAL, FUNERAL HOME, NAME **PARKHOLM** LOCATION **LA GRANGE PARK, ILLINOIS** DATE **MAR 9, 1977**
 24. FUNERAL HOME NAME **HITZEMAN FUNERAL HOME** STREET AND NUMBER OR R.F.D. **9445 W 31st St.** CITY OR TOWN **BROOKFIELD, ILLINOIS** STATE **ILL.** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **60513**

25. FUNERAL DIRECTOR'S SIGNATURE **ROBERT F. HITZEMAN**
 26. LOCAL REGISTRAR'S SIGNATURE **[Signature]** DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **MAR 7 1977**

27. LOCAL REGISTRAR'S SIGNATURE **[Signature]** DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **MAR 7 1977**
 28. LOCAL REGISTRAR'S SIGNATURE **[Signature]** DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **MAR 7 1977**

29. LOCAL REGISTRAR'S SIGNATURE **[Signature]** DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **MAR 7 1977**
 30. LOCAL REGISTRAR'S SIGNATURE **[Signature]** DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **MAR 7 1977**

3738518

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. Doc. No. Certificate No. X 736249

State of ILLINOIS
County of DU PAGE ss.

FRANCES S. KEMMAN being first
duly sworn, upon oath deposes and says:

That S. he... resides at Catherine in the City of LaGrange Park, Ill
and that S. he... is one of the parties who took title, not in tenancy in common, but in joint tenancy,
to real estate shown in Certificate of Title No. 736249 situated in said Cook County, Illinois,
described as follows:

Lot 9 in Block 3 in Small's Addition to La Grange, being
a subdivision of that part of the NE 1/4 of the SW 1/4 of S 33,
Town 39 N, R 12, East of the Third Principal Meridian, lying
West of Fifth Avenue

75-33-304-022

Affiant states that ALPHONSO H. KEMMAN one of the said owners in joint
tenancy, died intestate, in the city (Village) of Westmont in the State of Illinois
as is confirmed by a Certificate of the health department of said municipality hereto attached.

Affiant states that the remaining joint tenant has not changed her marital status since
the issuance of Certificate of Title Number 736249 (except who
has been married but once since acquiring said real estate and then to).

Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles
of Cook County, Illinois, to issue a certificate of title to the surviving Joint Tenant to said above
described premises, relying on this statement as true, and in consideration thereof affiant guarantees
the truth of the statements herein contained.

Subscribed and sworn to before me
this 9 day of September 19 88

NOTARY PUBLIC.

Francis J. Kemman
"OFFICIAL SEAL"
ROBERT I. GUSTAFSON
Notary Public, State of Illinois
My Commission Expires July 18, 1990

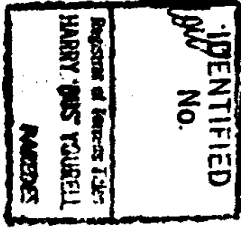
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9 AM 13
HARRY BUSIYOURE
REGISTRAR OF TITLES

3738518



John T. Curdson
PO Box 665
Aurora, IL 60525

Property of Cook County Clerk's Office