N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 21 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38235

1. PLACE OF DEATH

2 County Andrew — Registration District No. 13 — File No. 65

Township Jefferson — Primary Registration District No. 5017 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Franklin Harrison Kendall

(a) Residence, No. Farm St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov — 7 — 1932

7. AGE — YEARS — MONTHS 1 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

FATHER
13. NAME Albert Kendall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo.

MOTHER
15. MAIDEN NAME Pearl Jane Grace
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bliss Okla

17. INFORMANT (ADDRESS) Albert Kendall St. Joseph, Mo R. R. #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Cem DATE 12 — 18 — 1932

19. UNDERTAKER (ADDRESS) J. Fred Terhune Savannah Missouri

20. FILED Dec 16 1932 O. Jefferson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec — 16 — 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Strangulation — Date of onset

Found dead in bed.

Other contributory causes of importance:

18 5 182

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. S. Bever (coronor), M. D.

(Address) Amazonia Mo.