

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.

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

Do not use this space.

43490

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No. 1)

Registration District No. 347
Primary Registration District No. 5488

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Clara Morley Kendrick

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 5 years mos. 0 da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dan B. Kendrick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 7 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Mendota
(STATE OR COUNTRY) Washington Co Virginia

13. NAME Leander D. Eversole
14. BIRTHPLACE (CITY OR TOWN) Westville
(STATE OR COUNTRY) Wash Co Virginia

15. MAIDEN NAME Susannah D. Price
16. BIRTHPLACE (CITY OR TOWN) Abingdon Virginia
(STATE OR COUNTRY)

17. INFORMANT Mrs. E. F. Smith
(ADDRESS) Clinton Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lowry City Cemetery DATE 12/12/1939

19. UNDERTAKER H. C. Austin
(ADDRESS) Lowry City Mo

20. FILED 12-30 1939 W. H. Humphrey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/12/1939

22. I HEREBY CERTIFY. That I attended deceased from 1938, to Dec 12, 1939

I last saw h. as alive on Dec 12, 1939. Death is said to have occurred on the date stated above, at 8:45 p.m.

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

Carcinoma of stomach Date of onset 1937

Other contributory causes of importance:

none

Name of operation Resection of stomach Date of 11/39
What test confirmed diagnosis? operative Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? none
(Specify city or town, county, and State)

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

Manner of injury none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) S. B. Hughes, M. D.
(Address) Clinton Mo.

RECEIVED

District Health Officer No. 7

District File Number 7-40-3

Date Filed 7-6-40