

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

7485
Do not use this space.

FILED MAR 12 1940

1. PLACE OF DEATH
 (a) County Montgomery Registration District No. 594
 (b) Township Loutre Primary Registration District No. 4352 Registered No. 3
 (c) City W (d) Street No. 2111 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Delia Kendrick
 (a) Residence, No. McKittrick, Mo. RFD St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-4-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 10 6

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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) McKittrick, Missouri. RFD

FATHER
 13. NAME John C B Kendrick
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
 15. MAIDEN NAME Odille Jones
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McKittrick, Missouri

17. INFORMANT (ADDRESS) Thomas Pottsbauer, Rhineland, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kendrick Cem DATE Feb 13th 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Baron Hater, American, Mo.

20. FILED 2-12-40 Yana Lee Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
 I last saw him alive on about 6 mo ago Death is said to have occurred on the date stated above, at 12:25 p.m.
 The principal cause of death and related causes of importance were as follows:
Found dead lying on bed, heart failure, was apoplexy
 Date of onset _____

Other contributory causes of importance:
Infermities of age

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? NO
 If so, specify _____ (Signed) O.P. Rauschbach M. D.
 (Address) Rhineland, Mo

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. NO. 2. 50 M-1-12-38 I X14028
 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

D. B. Baker.

or by

Registered Apprentice No., working under my personal supervision.

Signed.....

D B Baker

Licensed Embalmer No. 3275

P. O. Address Americus, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.