

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31018
Registrar's No. 3581

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3501 East 58th Street Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3501 East 58th Street Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

3. (a) PRINT FULL NAME

Mr. Benjamin Daniel Kendrick

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife: Mrs. Mollie A. Kendrick

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased April 14 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>4</u>	<u>27</u>	hr. min.

9. Birthplace Carroll County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Business Man

11. Industry or business Carrollton, Missouri

12. Name Benjamin D. Kendrick

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Thomas

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillian K. Burruss

(b) Address 3501 East 58th Street Terrace

17. (a) Burial (b) Date thereof Sept. 13, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director D. H. Newcomer Son

(b) Address 1401 Brush Creek Blvd.

19. (a) Sept. 13, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th
year 1940 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from Jan 40 to Sept 11 40
that I last saw him alive on Sept 7 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Arterio-sclerosis

Other conditions 93c
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(c) Where did injury occur? (City or town) (County) (State) no
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work (Specify type of place) (e) Means of injury none
23. Signature John C. ... (M. D. or other) Sept 12/1940
Address 114 Bay and 1/2 ... Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

714 Bryant Bldg.
9:00 - 5:00

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Kenneth Page Lipp

Licensed Embalmer No.....

4128

P. O. Address.....

1309 Brush Creek K. Pa.

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, fact should be so stated above.