No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10515

Registration District No. 243 Primary Registration District No. 5336 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Dallas Jackson Twp
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Buffalo Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dallas 30
(c) City or town Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Buffalo Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Dora Kendrick
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced S 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 1 1887 (Month) (Day) (Year)
8. AGE: Years 53 Months 5 Days 19 If less than one day hr. min.
9. Birthplace Linn Creek (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
MOTHER FATHER
12. Name B.F. Kendrick
13. Birthplace Rogers (City, town, or county) Ark. 1 (State or foreign country)
14. Maiden name Catherine Hart
15. Birthplace Camden Co. (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Ben Kendrick
(b) Address Buffalo Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-41 (Month) (Day) (Year)
(c) Place: burial or cremation Macadonia
18. (a) Signature of funeral director L. B. Jonson
(b) Address Buffalo Mo
19. (a) 3-24-1941 (Date received local registrar) (b) Mrs N Shewmaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7 year 1941 hour 9 minute a M.
21. I hereby certify that I attended the deceased from 2-1- 1941, to 3-7- 1941; that I last saw her alive on 3-7- 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis (7)
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature R. E. Harrell (M. D. or other) M.D.
Address Buffalo, Mo. Date signed 3-11-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-41-568
Date Filed 4-2-41

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 Clyde Montgomery
Licensed Embalmer No. 3592
P. O. Address Buffalo 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, fact should be so stated above.