

FILED FEB 13 1943

Registration District No. 256

Primary Registration District No. 2001

Registrar's No. 627

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(c) Name of hospital or institution
1037 1/2 Main Street
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 2 weeks on arrival
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Ben Wesley Kendrick

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, or separated Married

6. (b) Name of husband or wife Dora 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 6 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Springdale Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Tom Kendrick

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Susan Phillips
(City, town, or county) (State or foreign country)

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dora Kendrick

(b) Address 4555

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/22/43
(Month) (Day) (Year)

(c) Place: burial or cremation Wichita Kansas

18. (a) Signature of funeral director [Signature] (b) Address Jasper Mo

19. (a) 1-21-43 (b) [Signature]
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper
(c) City or town Jasper
(If outside city or town limits, write "RURAL")
(d) Street No. 1037 1/2 Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1943 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Carthage Mo Date signed Jan 22 43

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

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

49
2
5

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..... *Cecilia Thornhill*

Licensed Embalmer No. *3590*

P. O. Address..... *Joplin, 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.