

FILED DEC 9 1943

Registration District No. **2**

Primary Registration District No. **2007**

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: **Poplar Bluff Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Hosp. 2 Days**
(Specify whether years, months or days) **2 Days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Dunklin 035**
(c) City or town **Clarkton**
(If outside city or town limits, write "RURAL")
(d) Street No. **Gen Del.**
(If rural, give location)
(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Calvin E Kendrick**

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced. **1**
6. (b) Name of husband or wife **Media Kendrick** 6. (c) Age of husband or wife if alive **80** years
7. Birth date of deceased **March 17, 1866**
(Month) (Day) (Year)

8. AGE: Years **77** Months **8** Days **12** If less than one day hr. min.

9. Birthplace **Clay County Ark. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business

MOTHER FATHER
12. Name **unknown**
13. Birthplace (City, town, or county) (State or foreign country) **9**
14. Maiden name **unknown**
15. Birthplace (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Daughter Claudia Bowden**

(b) Address **Clarkton Mo.**
17. (a) **Burial** (b) Date thereof **Nov 30, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stanfield Cemetery**

18. (a) Signature of funeral director **W. H. Riley**

(b) Address **Rector Ark**

19. (a) **12-3-43** (b) **W. H. Riley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **29**
year **1943** hour **1** minute **10** A.M.

21. I hereby certify that I attended the deceased from **11-27, 1943, to 11-29, 1943;**
that I last saw him alive on **11-28, 1943;**
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy,** Duration **5 days**

Due to **Arterial hypertension + sclerosis,** Unknown

Due to **Albuminuria,** Unknown
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **83a**
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) (a) Means of injury

23. Signature **J. W. Florida** (M. D. or other)
Address **Poplar Bluff, Mo.** Date signed **11-29-43**

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

JAN 28 1944

RECEIVED
District Health Office No. 2,
District File Number 1243-154
Date Filed 12-8-43

JAN 3 1944

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..... *John R. Casner*
Licensed Embalmer No. 2912
P. O. Address..... *Rector, Ark*

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.