

FILED DEC 27 1944
Registration District No.

Primary Registration District No. 5530

Registrar's No.

1. PLACE OF DEATH:
Holt.
(a) County Rural (b) City or town Benton Twp.
(c) Name of hospital or institution:
(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:
Missouri (a) State (b) County Jackson 4
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Herbert Leland Kendall.
(b) If veteran, name war
(c) Social Security No. 705-09-0476

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 18th.
year 1944. hour 10 minute 30A M.

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Ruby M. Kendall
(c) Age of husband or wife if alive 44 years
7. Birth date of deceased July 12 1896.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
to
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death
Accidental self inflicted gunshot in head while hunting.

8. AGE:	Years	Months	Days	If less than one day
	48	4	6	hr. min.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

9. Birthplace Hesper Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation District Representative.

1844-8
27
3

11. Industry or business B. & O R.R.
12. Name H.C. Kendall North Carolina
13. Birthplace
(City, town, or county) (State or foreign country)
14. Maiden name Emily Gause.
(City, town, or county) (State or foreign country)
15. Birthplace Osageatomie Kansas
(City, town, or county) (State or foreign country)

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

16. (a) Informant Elmer Durr.
(b) Address Mound City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof II/18/44.
(City or town) (Day) (Month) (Year)
(c) Place: burial or cremation Kansas City Mo.
18. (a) Signature of funeral director W.H. Crawford
(b) Address Mound City, Mo.
19. (a) 11-18-44 (Date received local registrar) (b) Pauline Dawson (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 044
(b) Date of occurrence Nov. 18, 1944
(c) Where did injury occur? Mound City, Holt Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Duck hunting blind (Specify type of place)
While at work? (e) Means of injury Gunshot
Coroner
23. Signature D.P. Perrey (M. D. or other)
Address Mound City, Mo. Date signed 11-18-1944

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

14
0

1145

DEC 12 1944

SEP 6 1945

MAY 8 1945

DEC 8 1944

DEC 22 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 *W. Lawford*

Licensed Embalmer No. *1824*

P. O. Address *Mound City 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.