

Registration District No. 6

Primary Registration District No. 3001

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town 803 SOUTH LINDELL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
VANDALIA, MO. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 43 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain
(c) City or town Vandalia, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 803 South Lindell
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ROBERT KIELTY KENDRICK

(b) If veteran, name war _____

(c) Social Security No. O.A.A. CASE 4-340

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced: MARRIED
(b) Name of husband or wife Frances M. Kendrick 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Aug 22 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 2 15 hr. _____ min.

9. Birthplace Rahs Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED MERCHANT

11. Industry or business GROCERY STORE

12. Name ROBERT KIELTY KENDRICK

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

14. Maiden name MARY DONNELLY

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

16. (a) Informant PAUL KENDRICK

(b) Address VANDALIA, MO.

17. (a) BURIAL (b) Date thereof Nov-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monroe City Cemetery

18. (a) Signature of funeral director Glenn Smith

(b) Address Vandalia, Mo.

19. (a) Nov 8, 1945 (b) T. M. L. Fugate
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6
year 1945 hour 1 minute 15 AM
21. I hereby certify that I attended the deceased from Nov 5
1945 to Nov 6 1945
that I last saw him alive on Nov 6 - 1945 10: _____
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thromboses
Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 0

23. Signature H. H. Poland (M. D. or other)

Address Vandalia Mo Date signed 11/8/45

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

RECEIVED

District Health Officer No. 10

District File Number 12-45-1942

Date Filed DEC-20-1945

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 C. Wilby.....

Licensed Embalmer No. 3820.....

P. O. Address Perry, Ind......

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.