

Registration District No. 178

Primary Registration District No. 4284

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Lewis
LaBelle

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Granville H. Kendrick

3. (b) If veteran, name war none

3. (c) Social Security No. none

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

6. (b) Name of husband or wife Mary Belle Dowell 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased November 16th, 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 1 If less than one day hr. _____ min. _____

9. Birthplace South of LaBelle, Lewis Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Owner of Telephone Co.

11. Industry or business _____

12. Name William Kendrick

13. Birthplace Lewis Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Fannie Rousseau

15. Birthplace Lewis Co, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Kendrick
(b) Address LaBelle, Missouri

17. (a) Burial (b) Date thereof Mch. 19, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Grove Centy LaBelle,

18. (a) Signature of funeral director Norman D. Gode
(b) Address LaBelle, Missouri

19. (a) 3/20/46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

(c) City or town LaBelle,
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day _____ year 1946 hour 1 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Mar. 17th 1946, to Mar 17 1946
that I last saw him alive on Mar 16th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis
Due to Arterial Sclerosis

Due to _____

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

Major findings: Of operations [Signature]
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) Means of injury _____

23. Signature [Signature] (M. D. or other)
Address LaBelle, Mo. Date signed 3/18/46

Duration
[Signature]

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

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

MOTHER FATHER

1947

RECEIVED

District Health Officer No. 10.

District File Number 4-46-903

Date Filed APR-22-1946

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 Norman D. Leoder

Licensed Embalmer No. 3721

P. O. Address Labella, 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.