S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30963

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 293

1. PLACE OF DEATH:

(a) County MARION

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

(c) Name of hospital or institution:
St Elizabeth Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 Days Hospt (Specify whether)

In this community 14 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RALLS 87

(c) City or town HUNTINGTON 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JAMES LEO KENDRICK

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased DECEMBER (Month) 4 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
68	9	2	hr. min.

9. Birthplace RALLS COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARM LABOR

11. Industry or business

FATHER
12. Name ROBERT KENDRICK
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name MARY DONLEY
15. Birthplace RALLS COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Frank Kendrick
(b) Address Monroe City Mo R.F.D. 3

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/7/46 (Month) (Day) (Year)

(c) Place: burial or cremation HOLY ROSARY MONROE CITY

18. (a) Signature of funeral director Wilson & Sons
(b) Address MONROE CITY, MO

19. (a) 9-7-46 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER 6
year 1946 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 24 1946 to Sept 6 1946
that I last saw him alive on Sept 6 1946
and that death occurred on the date and hour stated above.

Immediate cause of death (Cardio-vascular) Renal Disease — Duration

Due to — Duration

Due to — Duration

Other conditions
(Include pregnancy within 3 months of death) — Duration

Major findings:
Of operations

Of autopsy 31A

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

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? (Specify type of place)

While at work? (e) Means of injury 6

23. Signature [illegible] (M. D. or other)

Address Hamilton Mo Date signed Sept 7-46

189 (Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe 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.