. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8320

FILED MAR 26 1947

Registration District No. 72

Primary Registration District No. 3013

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Clay

(b) City or town North Kans. City, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 2400 Vernon
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town North Kans. City
(If outside city or town limits, write "RURAL")

(d) Street No. 2400 Vernon
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME CLARIS R. KENDLE

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~XXX~~ Norvan Kendle

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased March (Month) 31 (Day) 1912 (Year)

8. AGE: Years 34 Months 10 Days 21 If less than one day X hr. X min.

9. Birthplace Council Groove (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Martin Litke
13. Birthplace Russia (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Russia (City, town, or county) Russia (State or foreign country)

16. (a) Informant Norvan Kendle

(b) Address 2400 Vernon, N.K.C. Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/23/47 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery Council Groove, Kans.

18. (a) Signature of funeral director Morton Smith's F.H.

(b) Address 832 Armour Rd. N.K.C., Mo

19. (a) Feb 22 - 1947 (Date received local registrar) (b) Beulah Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22 year 1947 hour 5 minute 45 PM

21. I hereby certify that I attended the deceased from 8-15-45 death, to ..., 19...; that I last saw her alive on 2-20-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Melanoma of left eye c. generalized metastases	1½ yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

55E

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 0

23. Signature R H Dunham M.D. (M.D. or other)

Address NKC, Mo Date signed 2/23/47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 3-26-47

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 Chester L. Fleming, Registered Apprentice No. 447, working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas 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.