

FILED JUL 23 1947

Registration District No. 172

Primary Registration District No. 5714

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Mrs. Fowald
(b) City or town "Pineville"
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald
(c) City or town Pineville
(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

Russell Gordon Kendrick

3. (b) If veteran, name was Seawalker

3. (c) Social Security No. None

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Thelma Kendrick (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Oct 26th 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 21 If less than one day hr. min.

9. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired Farmer

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Carl J. King

(b) Address #2711 Radcliff, J. King

17. (a) Burial (b) Date thereof 6-19-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pineville

18. (a) Signature of funeral director W. Humphrey
(b) Address Pineville, Mo.

19. (a) 7-5-47 (b) M. B. E. Bradley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 17th
year 1947 hour 2 minute P M.

21. I hereby certify that I attended the deceased from 6-17 1947 to 6-17 1947
that I last saw him alive on 6-17 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart Disease 7
Due to

Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations NO

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) (e) Means of injury
23. Signature Scott Benson (M. D. or other)
Address Pineville Mo Date signed 6/21/47

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

MOTHER FATHER

OCT 1 1948

AUG 5 1948

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..... *Mayne E. Humphreys*
Licensed Embalmer No. *4262*
P. O. Address..... *Pineville, N.C.*

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.