S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 3 1948
Registration District No. 156

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19849

Primary Registration District No. 2001

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 501 N. Walnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 501 N. Walnut
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harriet Phillips Kendrick
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Alvin Kendrick
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased April (Month) 1 (Day) 1880 (Year)
8. AGE: Years 68 Months 2 Days 12 If less than one day hr. min.
9. Birthplace Lineville (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Clark
13. Birthplace D K (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name Allard
15. Birthplace D K (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mr. Alvin Kendrick
(b) Address 501 N. Walnut
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial Cemetery
18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin Missouri
19. (a) 6-18-48 (Date received local registrar) (b) Dolores Simpkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1948 hour 11 minute 50 A.M.
21. I hereby certify that I attended the deceased from 10-20- 1948 to 6-14 1948 that I last saw her alive on 6-13 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of pancreas — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 469
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:
(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

23. Signature Ed D James (M. D. or other)
Address Joplin Mo Date signed 6-18-48

(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 Jesse O Sullins, Registered Apprentice No. 99, working under my personal supervision.

Signed Cecil A. Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.