

STANDARD CERTIFICATE OF DEATH

State File No. 2506 4-0  
Registrar's No. 4-0

BIRTH NO. REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 1802

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CLAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>RT. #8, North K. C., Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>RT. #8, North K. C., Mo.</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>Anticoh Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>N.K.C., Mo. Anticoh Road</b>			

3. NAME OF DECEASED (Type or Print) <b>MILDRED MAE KENDALL</b>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 31, 1950</b>
---	------------	-------------	-----------	--

5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC. 13, 1909</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>19</b>	IF UNDER 24 HRS. Hours <b>19</b> Min.
----------------------	-------------------------------	--	---------------------------------------	---	--	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>POPLAR BLUFF, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	-----------------------------------	--	---

13a. FATHER'S NAME <b>LEE WARREN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>GEORGE D. KENDALL</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>GEORGE D. KENDALL RT. #8, N.K.C., Mo.</b>	ADDRESS
---	-------------------------	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b>  <b>5 years</b>  <b>33 1/2</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malignant Hypertension</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **October 1948** to **July 30, 1950**, that I last saw the deceased alive on **July 30, 1950**, and that death occurred at **8:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. E. McCormick</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>2055 S. Kemp No. Rd. No. 1000</b>	23c. DATE SIGNED <b>6/1/50</b>
---	---	--------------------------------

24a. REMOVAL CREMATION (Specify)	24b. DATE <b>6-2-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Hills</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kas.</b>
----------------------------------	-------------------------	---	---

DATE REC'D BY LOCAL REG. <b>June 2-50</b>	REGISTRAR'S SIGNATURE <b>Beulah Kitchener</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D. W. NEWCOMER'S SONS</b>	ADDRESS <b>832 Armour Road</b>
---	---	---	--------------------------------

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

Shalldine Holmes

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Glen H. Hill*

Signed.....

Student Embalmer

Licensed Embalmer No. *4586*

P. O. Address *Box 47 Cwondale*

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.