

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26962
3494

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 20yrs.		d. STREET ADDRESS (If rural, give location) 2514 OLIVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL # 2			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle)	c. (Last) KENDLE	4. DATE OF DEATH (Month) (Day) (Year) AUGUST 9 1950
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 3, 1907	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) OKLAHOMA	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME ALBERT K ENDLE	13b. MOTHER'S MAIDEN NAME MATTIE	14. NAME OF HUSBAND OR WIFE SARAH KENDLE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME MRS. SARAH KENDLE	ADDRESS 2514 OLIVE REAR
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ADENOCARCINOMA OF THE LUNGS primary		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		162X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from JUNE 14, 1950, to AUGUST 9, 1950, that I last saw the deceased alive on AUGUST 9, 1950, and that death occurred at 3:40p m., from the causes and on the date stated above.

22a. SIGNATURE R. Frank Ellis (Degree or title) M.D.	23b. ADDRESS 600 EAST 22nd ST.	23c. DATE SIGNED 8-11-50
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24a. BURIAL CREMATION (REMOVE) (Specify) Burial	24b. DATE 8-14-1950	24c. NAME OF CEMETERY OR CREMATORY Westlawn	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
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DATE REC'D BY LOCAL REG. 8-15-50	REGISTRAR'S SIGNATURE Steraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. J. W. Jones	ADDRESS 440 state ave.
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(Licensed Embalmer's Statement on Reverse Side)

K. C. Kansas

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

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.....
Student Embalmer

Signed.....

Licensed Embalmer No. 4105

P.O. Address 440 State St.
K.C. 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.