

STANDARD CERTIFICATE OF DEATH

State File No. **32649**

No. 300
10-48

LED NOV 5 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1094

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>Abt. 60</u>		d. STREET ADDRESS (If rural, give location) <u>2607 St. Joseph Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2607 St. Joseph Ave</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frances</u> b. (Middle) <u>Lavada</u> c. (Last) <u>Kendall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22 1951</u>		
5. SEX <u>Fem</u>	6. COLOR OR RACE <u>Wht.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 18 1885</u>	9. AGE (In years last birthday) <u>66</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Hamburg Iowa</u>	
13a. FATHER'S NAME <u>William M. Lafferta</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Seacord</u>		14. NAME OF HUSBAND OR WIFE <u>Clarence Kendall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence W. Peck</u>	
				ADDRESS <u>St. Joseph</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Carcinoma of lungs</u>			
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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>163X</u>	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) m.	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 8/20, 1951, to 10/22, 1951, that I last saw the deceased alive on 10/12, 1951, and that death occurred at 1:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Scott E. Benson M.D.</u>	(Degree or title)	23b. ADDRESS <u>202 Phy Stry Bldg</u>	23c. DATE SIGNED <u>10/23/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 23, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo</u>

DATE REC'D BY LOCAL REG. <u>Oct. 27, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casst</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stance Funeral Home</u>	ADDRESS <u>St. Joseph, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

DEC 2 1939

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.....

Student Embalmer No.

working under my personal supervision.

Signed *C. Hlean Cook*

Signed.....
Student Embalmer

Licensed Embalmer No. *4670*

P. O. Address. *Savannah, 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.