

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5629

No. 300
10.48

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">34 yrs.</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">2915 Charlotte</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">2915 Charlotte</p>		3438	

3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Loyle</p>			b. (Middle) <p style="text-align: center;">E.</p>			c. (Last) <p style="text-align: center;">KENDRICK</p>			4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Dec. 26, 1951</p>		
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5. SEX <p style="text-align: center;">Male</p>		6. COLOR OR RACE <p style="text-align: center;">White</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Single</p>		8. DATE OF BIRTH <p style="text-align: center;">May 17, 1889</p>		9. AGE (In years last birthday) (Specify) <p style="text-align: center;">60 62</p>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Employee</p>				10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Cerophyl Lab</p>		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">P666 Pilot Grove, Mo.</p>			12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>		

13a. FATHER'S NAME <p style="text-align: center;">John H. Kendricks</p>			13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Julia Ann Burnham</p>			14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">None</p>		
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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) <p style="text-align: center;">Yes</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">WWW 500-20-3824</p>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Mrs. Myre Salmon Pilot Grove, Mo.</p>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Cause of death unknown</p>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						7955	
		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 checked="" 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)	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Geo. C. Kealhofer (Degree or title) <p style="text-align: center;">Geo. C. Kealhofer, Deputy Registrar</p>		23b. ADDRESS <p style="text-align: center;">4050 Boulevard, St. Louis</p>		23c. DATE SIGNED <p style="text-align: center;">12-27-51</p>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">12-29-51</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Elmwood</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Kansas City Mo.</p>	
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">12-18-51</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Seraldine Holmes</p>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p style="text-align: center;">Melody-McGilley-Eylar, Kansas City, Mo.</p>	
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(Licensed Embalmer's Statement on Reverse Side)

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

2001 10 10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{NOT} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Glenn E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City 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.