

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8234**

BIRTH **FILED MAR 22 1954** REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **5445** Registrar's No. **31**

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

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

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Rees</b>	b. (Middle) <b>Bowen</b>	c. (Last) <b>Kendrick</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 11, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 24, 1863</b>	9. AGE (in years) (Months) (Days) (Hours) (Min.) <b>90 4 15</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Taswell Co. Virginia /</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>William P. Kendrick</b>	13b. MOTHER'S MAIDEN NAME <b>Marrier Gillespie</b>	14. NAME OF HUSBAND OR WIFE <b>Ida Luella Eslinger</b>
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Wilmer Kendrick</b>	ADDRESS <b>Gentry, Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Prostate</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>
	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	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) <b>177X</b>
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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?
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22. I hereby certify that I attended the deceased from **June 1, 1953**, to **March 11, 1954**, that I last saw the deceased alive on **March 11, 1954**, and that death occurred at **4:55 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Charles A. Williams</b> (Degree or title) <b>2</b>	23b. ADDRESS <b>Gentry Mo.</b>	23c. DATE SIGNED <b>3-17-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/13/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Knox Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Gentry County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Mar. 17-54</b>	REGISTRAR'S SIGNATURE <b>Maudie Williams</b>	462 -	25. FUNERAL DIRECTOR'S SIGNATURE <b>Clifford Brooks</b>	ADDRESS <b>Albany Mo</b>
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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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Clifford Brooks

Licensed Embalmer No.

3329

P. O. Address

Albany 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.