

STANDARD CERTIFICATE OF DEATH

State File No. **9223**

FILED MAR 22 1954

BIRTH NO. _____ REG. DIST. NO. **166** PRIMARY REG. DIST. NO. **4254** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson 15-10	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Knob Noster		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Knob Noster 0	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print):	a. (First) J.	b. (Middle) M.	c. (Last) Kendrick	4. DATE OF DEATH (Month) (Day) (Year) March 12, 1954
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH March 14, 1858	9. AGE (in years) (last birthday) 95	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banking	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Johnson County Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Edom Russell Kendrick	13b. MOTHER'S MAIDEN NAME Elizabeth Robinson	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME M. S. Kendrick, Knob Noster, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Arteriosclerotic Disease?		
	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. 4214	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) Knob Noster, Johnson, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓	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 **Jan 1, 1954**, to **Mar 12, 1954**, that I last saw the deceased alive on **Jan 12, 1954**, and that death occurred at **7:15 am**, from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) [Signature]	23b. ADDRESS Knob Noster, Mo.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 14, 1954	24c. NAME OF CEMETERY OR CREMATORY Knob Noster Cemetery	24d. LOCATION (City, town, or county) (State) Knob Noster, Missouri
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DATE REC'D BY LOCAL REG. Mar 12-54	REGISTRAR'S SIGNATURE Euna L. Beatty 149	25. FUNERAL DIRECTOR'S SIGNATURE W. Raymond Baker, Knob Noster, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 15 1954
JOHNSON COUNTY HEALTH DEPT.

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.

Student
Student Embalmer

Signed W Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knob Hester, 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.