

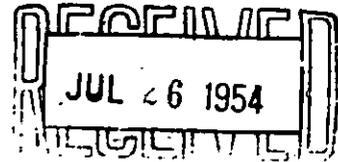
FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **23478**

BIRTH NO. _____		REG. DIST. NO. <b>166</b>		PRIMARY REG. DIST. NO. <b>5603</b>		Registrar's No. <b>13</b>		
1. PLACE OF DEATH a. COUNTY <b>Johnson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Grover Twn.</b>		c. LENGTH OF STAY (In this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Grover Township 2510</b>		d. STREET ADDRESS (If rural, give location) <b>7 miles North of Knob Noster, Mo.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Martha</b> b. (Middle) <b>Cunningham</b> c. (Last) <b>Kendrick</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 21, 1954</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Jan. 6, 1870</b>		
9. AGE (In years last birthday) <b>84</b>		# UNDER 1 YEAR Months <b>84</b>		# UNDER 1 YEAR Days <b>84</b>		# UNDER 24 HRS. Hours <b>84</b> Mins. <b>84</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Johnson County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>James Cunningham</b>			13b. MOTHER'S MAIDEN NAME <b>Solome Eversole</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Lee Kendrick, deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Tom Franklin, RFD, Knob Noster, Mo.</b> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused 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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Heat Prostration</b>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Heat Prostration</b>						
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>Knob Noster, Johnson, Mo</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <b>July 16, 1954</b> , to <b>July 21, 1954</b> that I last saw the deceased alive on <b>July 21, 1954</b> , and that death occurred at <b>1:45 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>J. W. Chase, M.D.</b>				23b. ADDRESS <b>Knob Noster, Mo.</b>		23c. DATE SIGNED <b>July 22, 1954</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 23, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Knob Noster Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Knob Noster, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>July 23/54</b>		REGISTRAR'S SIGNATURE <b>Emma L. Beatty</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Raymond Baker, Knob Noster, Mo.</b> ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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



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 Noster, 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.