

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-046820**

**FILED VS DEC 21 1960**

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 481

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Ill.</b> b. COUNTY <b>Pike</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>	Length of stay in Ib <b>65 days</b>	c. CITY OR TOWN <b>New Canton, Ill.</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Dolly</b> Middle <b>Kendrick</b> Last <b>Kendrick</b>	4. DATE OF DEATH Month <b>12</b> Day <b>2</b> Year <b>1960</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-26-75</b>	9. AGE (last birthday) <b>85</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>(Own home)</b>	11. BIRTHPLACE (City and state or country) <b>Pike County, Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
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13a. FATHER'S NAME <b>Jackson Monroe</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Frances McNary</b>	14. NAME OF HUSBAND OR WIFE <b>George Kendrick</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) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Eldon Johnston New Canton, Ill.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Neuronia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Ca right lung</b>		<b>6 mo.</b>
	DUE TO (c) <b>arteriosclerotic heart disease</b>		<b>10 year</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <b>5:30</b> Month, Day, Year <b>Jan 1950</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>New Canton, Ill.</b>	COUNTY <b>Pike</b>	STATE <b>Ill.</b>
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21. I attended the deceased from <b>Jan 1950</b> to <b>12/2/60</b> and last saw her alive on <b>12/2/60</b> Death occurred at <b>5:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Wm. H. Murrell M.D.</b>	22b. ADDRESS <b>New Canton, Ill.</b>	22c. DATE SIGNED <b>12/7/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>12-5-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Shearer Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>New Canton, Ill.</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Clark Funeral Home - Hannibal, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>12/8/60</b>	26. REGISTRAR'S SIGNATURE <b>Dr. E.M. Luck by Lillian M. Norman</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 4217

P. O. Address Hannibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.