

TE 1B AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 SHOULD READ
 ITEM NO.

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
 c. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Jackson
 c. CITY OR TOWN KANSAS CITY
 d. STREET ADDRESS 1109 E 11TH ST

3. NAME OF DECEASED (Type or print) First Middle Last George Kendig
 4. DATE OF DEATH Month Day Year 9 - 25 - 61

5. SEX male 6. COLOR OF RACE White 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 3/23/83 9. AGE (last birthday) 78

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk
 10b. KIND OF BUSINESS OR INDUSTRY Merchandising Co. 11. BIRTHPLACE (City and state or country) Wyandotte Co., Kans.
 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Anthony Kendig 13b. MOTHER'S MAIDEN NAME Anna (Um known) 14. NAME OF HUSBAND OR WIFE Crystal L. Kendig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
 17. INFORMANT Address Crystal L Kendig 1109 E 11TH ST. KANSAS CITY, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Bronchopneumonia
 DUE TO (b) Dehydration & malnutrition
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-24-61 to 9-25-61 and last saw ^{her}him alive on 9-25-61
 Death occurred at 5:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS 2400 Cherry 22c. DATE SIGNED 9-26-61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE Sept. 27-1961 23c. NAME OF CEMETERY OR CREMATORY Quindaro Cemetery 23d. LOCATION (City, town, or county) (State) KANSAS CITY KAN.

24. FUNERAL DIRECTOR ADDRESS Warnick-Loade Kansas City, Kan. 25. DATE RECD. BY LOCAL REG. 9-27-61 26. REGISTRAR'S SIGNATURE Ruth Long

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 John W. Heldenberger

Licensed Embalmer No. 5058

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