

REC'D MAY 18 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14652

Do not use this space.

## 1. PLACE OF DEATH

(a) County Greene Registration District No. 316  
(b) Township Springfield Primary Registration District No. 938 N. Monroe Registered No. 349  
(c) City Springfield (d) Street No. 938 N. Monroe St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 958 N. Monroe St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
66 9 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Shoe Salesman  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

FATHER 13. NAME Montgomery Hendershot

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER 15. MAIDEN NAME Rebecca Eyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Harold Brown Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL Green Lawn April 21 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Brown Springfield Mo.

20. FILED April 21 1938 Chas. H. Brown Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19-38

22. I HEREBY CERTIFY, That I attended deceased from 11/26, 1937, to 4-19-38, 1938

I last saw deceased live on 4-19-38, 1938 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset \_\_\_\_\_

Other contributory causes of importance:

Hypertension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease of injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Wm. J. Brown, M. D.  
(Address) 450 N. Council

HUMANITARIAN SERVICE SOCIETY OF ILLINOIS  
EMBALMING CERTIFICATE  
HUMANITARIAN SERVICE SOCIETY OF ILLINOIS

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,

*J. B. Klingner* # *3358* by *Warren D. Kohlett*  
Registered Apprentice No. *4005*, working under my personal supervision.

Signed

*J. B. Klingner*

Licensed Embalmer No. *3358*

P. O. Address *Springfield, Ill.*

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, above space should be left blank.