

NOV 10 1938

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

36687
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 224
(b) Township St. Francois Primary Registration District No. 4465 Registered No. 814
(c) City Flat River, Mo (d) Street No. _____ 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

535 Miller E. Mendenhall
(a) Residence, No. _____ 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Genevieve Mendenhall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 - 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 4 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done Radio Products
10. Date deceased last worked at this occupation (month and year) 10 - 1938 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Acimetal Missouri

FATHER 13. NAME Rev. J. W. Mendenhall 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, Macon Co.

MOTHER 15. MAIDEN NAME Lucinda Tuttle 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, Macon County

17. INFORMANT (ADDRESS) Mrs. Genevieve Mendenhall (wife) Flat River, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkview Cemetery DATE October 11, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alvin W. Hood Flat River, Mo

20. FILED 10/24 1938 B. B. Farner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1938 to Oct 9, 1938
I last saw h_e alive on Oct 8, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chc nephritis
menbra
131

Other contributory causes of importance: Hypertension

Name of operation none Date of _____
What test confirmed diagnosis? Exam Was there an autopsy? _____

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 or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) C. H. Appleberry M. D.
Flat River Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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,

Alvin W. Hood

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Alvin W. Hood

Licensed Embalmer No.

2780

P. O. Address

Flat River, 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, above space should be left blank.

11. 11.