

REC'D JUN 15 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22293

Do not use this space.

1. PLACE OF DEATH

(a) County... Jackson Registration District No. 398
 (b) Township..... Primary Registration District No. 3019
 (c) City... Independence (d) Street No. Independence Sanitarium 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 Leota May Hendershot

(a) Residence, No. 1222 So. Pleasant 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 Female 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 Charles R. Hendershot

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 7 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Girton (STATE OR COUNTRY) Ohio

FATHER 13. NAME Henry M. Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Mary Belle Lytle
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Charles R. Hendershot (ADDRESS) 1222 So. Pleasant

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound Grove Cem DATE June 9, 1939

19. FUNERAL DIRECTOR (NAME) Cato & Speaks F. Home (ADDRESS) Independence, Mo.

20. FILED 6-13-39 1939 J. L. Cook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1939

22. I HEREBY CERTIFY That I attended deceased from Sept 20, 1938, to June 7, 1939
 I last saw her alive on June 7, 1939 Death is said to have occurred on the date stated above, at 6:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Generalized peritonitis following
Pero operation for menstrual
suppression - operation on
 Date of onset May 14, 1939

Other contributory causes of importance:
14 5 a

Name of operation Pero Cesarean Section Date of May 14, 1939
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Luscomb G. G. G. G., M. D.
 (Address) Independence

360

HR
5
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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, or by *me*

....., Registered Apprentice No.

working under my personal supervision.

Signed

Roland Speaks

Licensed Embalmer No. *3604*

P. O. Address

Independence, 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.