

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39725**
Registrar's No. **73**

~~191~~ DEC 15 1939 334
Registration District No. **334**

Primary Registration District No. **4197**

1. PLACE OF DEATH:

(a) County Harrison **1**
(b) City or town Bethany, Mo.
(c) Name of hospital or institution: Wood Hospital
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

In this community 536
years, months or days

3. (a) PRINT FULL NAME LEWIS WELLS HENDREN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary E. Hendren 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 12 19 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 28 hr. min.

9. Birthplace: Harrison, Mo. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Geo. W. Hendren

13. Birthplace Kentucky 1
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Angeline Kelly
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature VICTOR HENDREN

(b) Address BETHANY, Mo.

17. (a) Rural (b) Date thereof 11/30/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Phillipsburg Cemetery

18. (a) Signature of funeral director L. M. Haas

(b) Address Bethany, Mo. 395

19. (a) 11-27-39 (b) L. P. Wessley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1**

(a) State Missouri (b) County Harrison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. North of Bethany 5 miles
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 18
year 1939 hour 10 PM minute _____ M.

21. I hereby certify that I attended the deceased from 7:00 11
1939, to 7:00 18, 1939

that I last saw him alive on 7:00 18, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death: Left Rectal incision Colostomy (1st stage) over Due to rubber tube Milt nodular obstruction cancer of rectum
Due to _____
Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____

Of autopsy: _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ernest L. Hood (M. D. or other) 39
Address Bethany Mo Date signed 11-28

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—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.

