No. 2
-10-39
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21266

JUL 12 1940

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 671

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 42 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits write "RURAL")
(d) Street No. 5940 South 3rd St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 59 years years.

3. (a) PRINT FULL NAME John Thomas Hendra 536

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Elizabeth Ann Hendra

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 28, 1860 (Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 21 If less than one day hr. min.

9. Birthplace Cornwall (City, town, or county) England (State or foreign country) 4

10. Usual occupation Retired Cooper

11. Industry or business Morris Packing Co. 4

FATHER
12. Name Unknown 4
13. Birthplace Unknown (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) England (State or foreign country)

16. (a) Informant Ed C. Hendra
(b) Address 5940 So. 3rd St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Odd Fellows Cem.

18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.

19. (a) June 20, 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1940 hour 10 minute 21a M.

21. I hereby certify that I attended the deceased from May 30, 1940, to June 19, 1940, that I last saw him alive on June 19, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 2 wks

Due to Arteriosclerosis 27

Due to

Other conditions Prostatic hypertrophy
(Include pregnancy within 3 months of death)

Major findings: Of operations Prostatic hypertrophy
Transurethral resection 6-10-40
Of autopsy Coronary occlusion

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature John T. Byrne (M. D. or other)
Address St. Joseph, Mo. Date signed 6-20-40

(Licensed Embalmer's Statement on Reverse Side)

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~~ 6/15/

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl a. Clark

Licensed Embalmer No. 3476

P. O. Address St Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.