

DEC 18 1940

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

Do not use this space.

38788

1. PLACE OF DEATH

County Harrison Registration District No. 341
Township Grant Primary Registration District No. 5477
City (No. _____) St. _____ Ward _____

File No. _____

Registered No. 17

2. FULL NAME

ELMER G. HENDREN

(a) Residence, No. same as above St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 9 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock & grain

10. Date deceased last worked at this occupation (month and year) Sept 1940 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethany Mo

13. NAME William Hendren

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Urb Ky

15. MAIDEN NAME Elizabeth Cooper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Urb Ky

17. INFORMANT (ADDRESS) Genevieve Hendren
Ridgeway Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moving Chapel DATE Sept. 13 40

19. UNDERTAKER (ADDRESS) Ridgeway Mo

20. FILED 12-11-1940 L. K. Hendren Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1940

22. I HEREBY CERTIFY, that I attended deceased from Aug. 3 - 1940, to Sept. - 11 - 1940

I last saw him alive on Sept - 7 - 1940. Death is said to have occurred on the date stated above, at 3:20 p.m.

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

Chronic myocarditis Date of onset 1/24

Other contributory causes of importance: 970

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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 or injury in any way related to occupation of deceased? If so, specify _____

(Signed) L. K. Hendren M. D.
(Address) Ridgeway Mo

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.

