

REC'D JAN 25 1941

State File No. _____

Registration District No. 266

Primary Registration District No. 5367

Registrar's No. 92

1. PLACE OF DEATH:

(a) County Deer Co.
(b) City or town Rural Limon
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 30 years years, months or days

3. (a) PRINT FULL NAME Delilah Mederhall

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife S. Mendenhall 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 22 1869 (Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Shannon Md. (City, town, or county) (State or foreign country)

10. Usual occupation House. Keeper

11. Industry or business _____

12. Name John Lynch

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

14. Maiden name Delia

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant William Wooley (b) Address Garret Mo

17. (a) Burial (b) Date thereof 10-1-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miner Cemetery

18. (a) Signature of funeral director Robert Grant (b) Address Salem Mo

19. (a) Jan 1, 1941 (b) [Signature] (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Deer Co
(c) City or town Rural Limon
(If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31st year 1940 hour 3:30 minute a. M.

21. I hereby certify that I attended the deceased from 8-1 1938 to 3-15 1939.

that I last saw her alive on 3-15 1939 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis - hypertensive

Due to hypertosis

Due to _____

Other conditions hypertensive chn. (Include pregnancy within 6 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 Jas D. [Signature] (M. D. or other) DO

Address Salem, Mo Date signed 1-1-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5,

District File Number 141 66

Date Filed _____

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 _____

N. D. Hobson, Registered Apprentice No. _____
working under my personal supervision.

Signed N. D. Hobson

Licensed Embalmer No. 928

P. O. Address Salem Md

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.