

Registration District No. 973

Primary Registration District No. 5793-B

Registrar's No. H

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Rural How Creek
(If outside city or town limits, write "RURAL")
(d) Street No. How Creek turn
(If rural, give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1941 hour 2 minute 8 M.
21. I hereby certify that I attended the deceased from March 14
1941 to Mar 14 1941;
that I last saw him alive on Mar 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 4 days
Due to unknown
Due to § 2 W

Other conditions Hypertension unknown
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy C
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME W. B. Hendrick
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude Bridges 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 11 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Morgan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
MOTHER FATHER { 12. Name Samuel Hendrick
13. Birthplace Morgan Cov.
(City, town, or county) (State or foreign country)
14. Maiden name Mildred Lane
15. Birthplace Morgan County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. B. Bridges
(b) Address Versailles, Missouri

17. (a) Burial (b) Date thereof Mar 16 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Glendsted Cemetery

18. (a) Signature of funeral director W. F. R. dweh
(b) Address Versailles, Missouri

19. (a) March 16 41 (b) John H. Cooper
(Date received local registrar) (Registrar's signature)

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? 531
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature A. J. Gunn (M. D. or other) _____
Address Versailles Mo Date signed 3/16/41

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

RECEIVED

District Health Officer No. 7,

District File Number 4-41-651

Date Filed 4-8-41

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4021

P. O. Address.....

Versailles, m

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

If this body is not embalmed, fact should be so stated above.

Registration District No. 953

Primary Registration District No. 3793B

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Hard Creek, P.
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
years, months or days)

3. (a) PRINT FULL NAME Wahamba B. B. Mendrick
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 m
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) March 18, 46 (b) Julius Cooper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

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

23. Signature G. J. Gunn (M. D. or other) _____

Address St. Louis, Mo. Date signed _____

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

SUPPLEMENTARY

11455

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.