

FILED JUL 18 1941

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 104

Primary Registration District No. 5164

Registrar's No. 183

1. PLACE OF DEATH:

(a) County Montgomery Callaway
(b) City or town Williamsburg
(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 3 yrs
In this community _____ years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Williamsburg
(d) Street No. _____
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 26 27
year 1941 hour 3 minute 10 PM.
21. I hereby certify that I attended the deceased from June 23
_____, 1941, to June 26, 1941;
that I last saw h. live on June 25, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia
Due to Cerebral Hemorrhage
Duration 2 days
4 days

Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____

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? _____
(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 James O. Helm (M. D. or other) _____
Address W. Florence mo. Date signed 6-26-41

3. (a) PRINT FULL NAME Charlie W. Hendricks

3. (b) If veteran, name war _____ 8. (c) Social Security No. None

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

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

7. Birth date of deceased May 25 th 1866
(Month) (Day) (Year)

8. AGE: Years 75n Months I Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Near Troy Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Hendricks

13. Birthplace no
(City, town, or county) (State or foreign country)

14. Maiden name Margrette Ransour

15. Birthplace no
(City, town, or county) (State or foreign country)

16. (a) Informant Mollie Burje

(b) Address Batchelor mo 29

17. (a) Removal (b) Date thereof 6/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Chapel

18. (a) Signature of funeral director C. W. Hopkins

(b) Address Montgomery City Mo

19. (a) June 28, 1941 (b) R. N. Crews
(Date received local registrar) (Registrar's signature)

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

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, JOE ON WINE
day of June 1941, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 1407

P. O. Address MONTGOMERY CITY MO

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.