

No. 2  
1-4-4  
5-17-38  
I X25390

Registration District No. 677

Primary Registration District No. 4403

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla **FILLED AUG 1 1941**

(c) Name of hospital or institution: Mc Farland Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: 1 Hour  
In hospital or institution. (Specify whether)

In this community Six Months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

(c) City or town Rolla  
(If outside city or town limits, write "RURAL")

(d) Street No. 306 W. 7th St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fanny B. Lenderman

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th  
year 1941 hour 7 minute 35 P.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.

4. Sex Female / 5. Color or race Wh

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

6. (b) Name of husband or wife Thos L. Lenderman

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 19 1884  
(Month) (Day) (Year)

Immediate cause of death Injury Duration \_\_\_\_\_

Due to Supposed to have jumped from a moving automobile

Due to driven by leg. husband no eye, also in ill

Other conditions Automobile.  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

57	3	15	hr. min.
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Major findings: was reported to coroner that no autopsy made.

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

9. Birthplace Charleston 6 Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown 9200  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) not known

(b) Date of occurrence July 4th 1941

(c) Where did injury occur? Hy 72 4 Mi, S.E. Rolla  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Highway 66.  
(Specify type of place)

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

23. Signature W. J. Ayers (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

16. (a) Informant Thos. B. Lenderman

(b) Address 306 W. 7th St. Rolla, MO

17. (a) Removal (b) Date thereof 7-6-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hornersville, MO

18. (a) Signature of funeral director W. J. Ayers

(b) Address 508 W. 8th St. Rolla, MO

19. (a) July 5, 1941 (b) W. J. Ayers  
(Date received local registrar) (Registrar's signature)

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

1  
2  
2

RECEIVED

District Health Officer No. 5,

District File Number 741 1833

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.....

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

working under my personal supervision.

Signed

*Lou A. Clark*

Licensed Embalmer No. 4216

P. O. Address Rolle 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, fact should be so stated above.**