

FILED JUN 11 1942 399

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2205

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo
(c) Name of hospital or institution: Research Hospital
(d) Length of stay: In hospital or institution 24 hr.
In this community 24 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell
(c) City or town Palo, Mo Rural
(d) Street No. Rural
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME DONALD GESS HENDREN

(b) If veteran, name war no. (c) Social Security No. MO.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
7. Birth date of deceased 12-29-1891

8. AGE: Years 50 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Palo Mo

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business
12. Name John Oliver Hendren
13. Birthplace Kentucky
14. Maiden name Anna Dickerson
15. Birthplace Ohio

16. (a) Informant Gustadren
(b) Address Liberty Mo.

17. (a) Removal (b) Date thereof 6-6-42
(c) Place: burial or cremation Palo, Missouri

18. (a) Signature of funeral director Mrs. E. D. Foster
(b) Address Mo. Mo.

19. (a) June 4, 1942 (b) M. M. Coome
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1942 hour 1 minute 45 p.

21. I hereby certify that I attended the deceased from June 37 to June 4, 1942 that I last saw him alive on June 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Collapse

Due to Cardiac & Bronchial Asthma

Due to 950

Other conditions (Include pregnancy within 3 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 Gustadren M.D. (M. D. or _____) Address Liberty, Mo Date signed 6/4/42

Duration

Sudden

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

49
3
8

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..... *Theron A. Redmon*

Licensed Embalmer No. *2237*

P. O. Address..... *K.C. 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.