

SEP 3 1942
Registration District No. 290

Primary Registration District No. 6713

Registrar's No. 91

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

1. PLACE OF DEATH:
 (a) County Pulaski
 (b) City or town Rural Cullen Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 years
(Specify whether years, months or days)
 In this community 15 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Pulaski
 (c) City or town Rural (Cullen Township)
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: 0

3. (a) PRINT FULL NAME William Hendershot
 (b) If veteran, name war No
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 18
 year 1942 hour 5 minute 30 P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced 3 divorced
 (b) Name of husband or wife: 290
 (c) Age of husband or wife if alive: 1871 years
 7. Birth date of deceased: June 5
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 10 1942 to July 18 1942
 that I last saw him alive on July 30 1942
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>1</u>	<u>13</u>	<u>hr. min.</u>

Immediate cause of death: Valvular heart lesion
 Duration

9. Birthplace Derby Ind. /
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

Due to
 Due to
 Other conditions: 92d
(Include pregnancy within 3 months of death)

MOTHER FATHER {
 11. Industry or business
 12. Name Garrison Hendershot
 13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)
 14. Maiden name Mary McReek
 15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations:
 Of autopsy: 9

16. (a) Informant James Laughlin
 (b) Address Waynesville, Mo.
 17. (a) Burial (b) Date thereof 7/19/42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Waynesville, Mo.
 18. (a) Signature of funeral director J. L. Hoops & Sons
 (b) Address Crockett, Mo.
 19. (a) Aug 27-1942 (b) Robert M. Do-ll
(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?
(Specify type of place)
 While at work? ✓ (e) Means of injury ✓
 23. Signature W. J. ... (M. D. or other) ✓
 Address Waynesville Date signed 8/18/42

1170

RECEIVED

Pulaski County Health Officer

File Number 9-42-179

Date Filed 9-2-42

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 Paul B Hooper
Licensed Embalmer No. 3261
P. O. Address Brookers 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.