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

JUL 6 1940 93

Registration District No. 93

Primary Registration District No. #15# 5336

State File No. \_\_\_\_\_

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Wade

(b) City or town Rural - Spd.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: S. Morgan Surg.  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wade <sup>29</sup>

(c) City or town Rural - Greenfield? <sup>0</sup>  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Lula I Hendree

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

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife P. A. Hendree 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 3 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wade Co (City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name P. C. Divine

13. Birthplace Wade Co (City, town, or county) (State or foreign country) 0

14. Maiden name Theresa Y. Johnson

15. Birthplace Wade Co (City, town, or county) (State or foreign country) Mo

16. (a) Informant James Langford

(b) Address Greenfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 22 43  
(Month) (Day) (Year)

(c) Place: burial or cremation Hayes Cemetery

18. (a) Signature of funeral director Ralph P. Fisher

(b) Address Greenfield Mo

19. (a) June 21 - 43 (Date received local registrar) (b) Phyllis Lack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20 - 43  
year \_\_\_\_\_ hour 7 pm minute 50 M.

21. I hereby certify that I attended the deceased from 6-15-43 to 6-20 1943  
and that death occurred on the date and hour stated above: 6-18 1943

that I last saw her alive on \_\_\_\_\_ and that death occurred on the date and hour stated above:

Immediate cause of death apoplexy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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 J. O. Cowan (M. D. or other) 0

Address Greenfield Mo Date signed 6-21-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 743-815

Date Filed JUL 1 1943

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

Signed R. L. Hamrick  
Licensed Embalmer No. 3234  
P. O. Address Lockwood Md

**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.