

S. No. 2
M-2-43
5-17-39
X35

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32819

State File No. _____

FILED OCT 4 - 1943

Registration District No. 306

Primary Registration District No. 6240

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Rural Harmony
(If outside city or town limits, write "RURAL" and name of township)
(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 1
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Rural 119
(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 _____

3. (a) PRINT FULL NAME

Ollie C. Hendlee

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 18 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 17 hr. min.

9. Birthplace Washington Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeping

11. Industry or business _____

MOTHER FATHER
12. Name Crockett Mason
13. Birthplace Washington Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Jane Hillman
15. Birthplace Washington Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant E. L. Hendlee
(b) Address Courton Mo

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

(c) Place: burial or cremation Emmons Mo
18. (a) Signature of funeral director C. L. Sparks
(b) Address Patton Mo

19. (a) 9-30-43 (b) E. L. White
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5
year 1943 hour 7 minute 40 P.M.
21. I hereby certify that I attended the deceased from June 5
1943 to Sept 5 1943
that I last saw her alive on Sept 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
arterio-sclerosis
Due to _____

Due to _____
Other conditions (include pregnancy within 3 months of death) 83a!

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Joseph L. Thurman (M. D. Patton)
Address Patton, Mo. Date signed 9/11/1943

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

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RECEIVED

District Health Officer No. 4
District File Number 1043-2748
Date Filed 10-2-43

OCT 13 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.