

FILED OCT 20 1943

Registration District No. 3022

Primary Registration District No. 3022

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Bethany
(c) Name of hospital or institution: Wood Hospital
(d) Length of stay: In hospital or institution 8 days
In this community 8 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Harrison
(c) City or town Rural
(d) Street No. _____
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME

J. L. Hendren

3. (b) If veteran name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife _____

7. Birth date of deceased Jan 25 1872

8. AGE: Years 71 Months 7 Days 4 If less than one day _____

9. Birthplace Harrison Co Mo

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____
12. Name Wm Hendren
13. Birthplace Henry Co Kentucky
14. Maiden name Anna Elizabeth Cooper
15. Birthplace Harrison Co Mo

16. (a) Informant Jra Hendren

(b) Address Bethany Mo.

17. (a) Burial (b) Date thereof Aug 31 1943

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Joe E. Wheeler

(b) Address Bethany Mo.

19. (a) Sept 6 - 43 (b) Joe M. Burris

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Aug 20 1943 to Aug 29 1943 that I last saw him alive on Aug 29 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) Ja!

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? _____

(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 Joe M. Burris (M.D. or other) _____

Address Bethany Mo. Date signed Aug 31 1943

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

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. *3512*

P. O. Address..... *Bethany 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.