

S. No. 2
M-2-43
5-17-39
I X39697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2560

FILED FEB 17 1944
Registration District No. 17344

Primary Registration District No. 3016

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
115 Jackson Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 47 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No. 115 Jackson Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Dora P. Hendy

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1944 hour 2 minute 30 A.M.

4. Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dr. E. M. Hendy 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased September 17 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 19 44
19 43 to January 2 19 44
that I last saw her alive on January 1 19 44
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>3</u>	<u>15</u>	hr. _____ min.

Immediate cause of death Cardio renal vascular disease

Due to _____

Due to _____

9. Birthplace Gadsden, Alabama
(City, town, or county) (State or foreign country)

Duration 4 year

Other conditions 13/a
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: 13/a

11. Industry or business _____

MOTHER FATHER

12. Name Aurelius M. Patterson

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Hood

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Gracie Hendy

(b) Address Jefferson City, Missouri

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof Jan-3-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Place: burial or cremation River View Cemetery

(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? _____

18. (a) Signature of funeral director Frank Gordon

(b) Address Jefferson City, Missouri

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

19. (a) 1-4-44 (b) Dorina Richter
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M.D. or D.V.M.)
Address Jefferson City, Mo Date signed 1/4/44

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 Louis Quest

Licensed Embalmer No. 4096

P. O. Address. Jefferson City

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.