

FILED MAR 11 1943

State File No. _____

Registrar's No. 29

Registration District No. _____

Primary Registration District No. 5487

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Rural - Jefferson Twp.
(If outside city or town limit, write "RURAL" and name of township)
(c) Name of hospital or institution:
4 mi. West Ridgeway - Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X (Specify whether
In this community 68 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison
(c) City or town Rural
(If outside city or town limit, write "RURAL")
(d) Street No. 4 mi. West Ridgeway Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X 0 years.

3. (a) PRINT FULL NAME Arthur LeRoy Hendren

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

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Maudie Gordon Hendren 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased September 14 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 24 If less than one day 3 hr. 5 min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Thomas C Hendren

13. Birthplace X Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Kelly

15. Birthplace X Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Maudie Hendren

(b) Address Ridgeway Mo

17. (a) Burial (b) Date thereof Feb - 9 - 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monroe Chapel Cemet

18. (a) Signature of funeral director R. R. Boggs

(b) Address Ridgeway Mo

19. (a) 2-29-44 (b) Zola M. Burris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7th
year 1944 hour 8⁰⁰ minute _____ A.M.

21. I hereby certify that I attended the deceased from 4-24-1944 to 2-7-1944

that I last saw him alive on 2-5-1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 24 hours

Due to Hypertension 4 yrs

Due to _____
Other conditions 940
(Include pregnancy within 3 months of death)

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 LeRoy Hendren (M. D. or other) _____
Address Ridgeway, Mo Date signed 3/9/44

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

MOTHER FATHER

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

R. R. Baggers

Licensed Embalmer No. *35-76*

P. O. Address *Ridgeway*

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, above space should be left blank.