

FILED MAR 21 1944

Registration District No.

Primary Registration District No. 4357

Registrar's No. 109

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community about 22 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

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

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

3. (a) PRINT FULL NAME JOHN LOGAN TENDER GRASS

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
year 1944 hour 5:15 minute 7 M.

21. I hereby certify that I attended the deceased from Feb 8, 1944 to Feb 12, 1944
that I last saw him alive on Feb 8, 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mary Tendergrass

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased July 1861
(Month) (Day) (Year)

Immediate cause of death Uremia

Duration 6 da

8. AGE: Years 82 Months 7 Days 9
If less than one day hr. min.

Due to Chronic nephritis ?

Due to

9. Birthplace unk Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation old age Pensioner

Other conditions Tumor of stomach (possible ca.)
(Include pregnancy within 3 months of death)

11. Industry or business

12. Name George Tendergrass

13. Birthplace unk Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Marionna Halls

15. Birthplace unk unk - 7
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Uremia

Of operations: H6 f

Of autopsy: H6 f

Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Tendergrass

(b) Address Marston

17. (a) Burial (b) Date thereof 2/14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marston

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?

18. (a) Signature of funeral director Richarda Ford Co

(b) Address New Madrid, Mo

19. (a) 2-21-44 (b) Mr. J. L. Parrett
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)

(c) Means of injury 8

23. Signature John Killian (M. D. or other)

Address Portageville, Mo Date signed 2-16-44

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

72
0
1

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 344-184

Date Filed 3-9-44

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

L. H. Hildreth

Licensed Embalmer No.

3803

P. O. Address

New Market, 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.