No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

Registration District No. 498

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4299

State File No. 18534

Registrar's No. 30

1. PLACE OF DEATH:
(a) County: LINN
(b) City or town: BUCKLIN (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 — (Specify whether years, months or days)
In this community 86 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Linn
(c) City or town Bucklin (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 Stephen M. Mendenhall
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 Married
6. (b) Name of husband or wife Florence Mendenhall
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Feb (Month) 20 (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
86	2	17	hr. min.

9. Birthplace Macon Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farming
11. Industry or business
12. Name (Father) A. L. Mendenhall
13. Birthplace (City, town, or county) Ohio (State or foreign country)
14. Maiden name (Mother) Lavina Penland
15. Birthplace (City, town, or county) New Cambria Mo. (State or foreign country)
16. (a) Informant Florence Mendenhall
(b) Address Bucklin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Cem.
18. (a) Signature of funeral director Larson Funeral Service
(b) Address Bucklin Mo.
19. (a) May 8, 1944 (Date received local registrar) (b) Wayne W. Cowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7, year 1944 hour 1 minute 10 P.M.
21. I hereby certify that I attended the deceased from 6/15, 1938, to 5/7, 1944, that I last saw him alive on 4/20/44, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature M. C. Gregg (M. D. or other) MD
Address Bucklin Mo. Date signed 5/8/44

456

(Licensed Embalmer's Statement on Reverse Side)

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 C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Franklin Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.