

FILED SEP 6 1944

State File No.

Registrar's No.

Registration District No. 100

Primary Registration District No. 5384

55

1. PLACE OF DEATH:

(a) County Dent  
(b) City or town Turtle Larim 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 29 Days  
In this community 29 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dent  
(c) City or town Turtle-Larim Township  
(d) Street No.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Doyle Ray Mendenhall

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

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

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

7. Birth date of deceased July 15 1944

8. AGE: Years 4 Months X Days 29 If less than one day hr. min.

9. Birthplace Dent Co. Mo. 0

10. Usual occupation.

11. Industry or business.

12. Name John Mendenhall

13. Birthplace Turtle Mo. 0

14. Maiden name Perry Freeze

15. Birthplace Bunker Mo. 0

16. (a) Informant John Mendenhall

(b) Address Turtle Mo.

17. (a) Burial (b) Date thereof 8-15-44

(c) Place: burial or cremation Asley Creek

18. (a) Signature of funeral director Robert Cravhan

(b) Address Salem Mo.

19. (a) 8-14-44 (b) J. D. McLeary

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14 year 1944 hour 8 minute 30 AM

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw h. alive on and that death occurred on the date and hour stated above.

Immediate cause of death Blue baby

Due to Heart (Fetal Circulation)

Due to This baby was taken care by J. McLeary

Other conditions Blue baby

Major findings: Of operations 1572

Of autopsy 720

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 Car

23. Signature J. D. McLeary M. D. or other

Address Salem Mo. Date signed 8-14-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number. 874457

Date Filed 9-5-44

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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.....

P. O. Address.....

**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.