

FILED NOV 13 1944
Registration District No. 137

Primary Registration District No. 4247

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

1900

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Grand Ave.
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 77 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Jasper 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Grand Ave. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nannie Bell Hendrick
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 27th. 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 11 17 hr. _____ min.

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

10. Usual occupation Housekeeping

11. Industry or business Same

MOTHER FATHER

12. Name Charley Hendrick
13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Elicarney Burnett
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ira Pentico
(b) Address Jasper, Mo.

17. (a) Burial (b) Date thereof 10-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mitchell Cem

18. (a) Signature of funeral director Chas. J. Teeter
(b) Address Jasper, Mo.

19. (a) Oct. 16 '44 (b) E. Elizabeth Corpehan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14th.
year 1944 hour 2 minute A-M.
21. I hereby certify that I attended the deceased from 10-13th., 1944 to 10-14th., 1944
and that death occurred on the date and hour stated above. 10-13th, 1944

Immediate cause of death _____ Duration _____
Lobar Pneumonia
Due to _____
Due to _____

Other conditions _____ (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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature W. H. Knott M.D. (M. D. or other)
Address Jasper, Mo. Date signed 10-14-44

1203

44-11-914

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.....

Emmal Suep

Licensed Embalmer No.....

391

P. O. Address.....

Carthage

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.