U. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1945

Registration District No. 82

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5239

State File No. 16592

Registrar's No. 2

20
60
0

1. PLACE OF DEATH:

(a) County: Cedar

(b) City or town: Rural-Linn Twp

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

(c) Name of hospital or institution: Stockton Route 1

(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: All life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Cedar 20

(c) City or town: Rural 0

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

(d) Street No.: Linn Twsp 0

(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country: ____

3. (a) PRINT FULL NAME: David Hill Hendershott

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: Ida Hendershott

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

7. Birth date of deceased: Feb (Month) 1st (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	3	14	____ hr. ____ min.

9. Birthplace: Cedar Co. Missouri. (City, town, or county) (State or foreign country) 0

10. Usual occupation: Farming

11. Industry or business: X

FATHER

12. Name: Farmer Hendershott

13. Birthplace: Ill. (City, town, or county) (State or foreign country) 0

MOTHER

14. Maiden name: Mary Rogerson

15. Birthplace: Canada. (City, town, or country) (State or foreign country) 0

16. (a) Informant: Ethel Franklin

(b) Address: Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof:** 5/17/45 (Month) (Day) (Year)

(c) Place: burial or cremation: Wound Cemetery

18. (a) Signature of funeral director: Church + Neale

(b) Address: Stockton Mo.

19. (a) 6-6-45 (Date received local registrar) **(b)** Mrs Ethel Church (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1945 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from May 1, 1945 to May 15, 1945 that I last saw him alive on May 14, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart Block	2 months
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: [illegible] (M.D. or other)

Address: Stockton Mo. Date signed 5-17-45

1298 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-45-544
Date Filed 6-9-43

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton Mo

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.