. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38291

FILED NOV 28 1945

Registration District No. ~~3056~~ 294 Primary Registration District No. ~~294~~ 3056-6010 Registrar's No. 195

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: Sugar Creek

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether

In this community Several years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Randolph

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

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

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

If yes, name country —

3. (a) PRINT FULL NAME Ashford Jackson Hendren

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 widowed

6. (b) Name of husband or wife Lou Hendren

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

7. Birth date of deceased 12 (Month) — 6 (Day) — 1856 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	10	8	hr. min.

9. Birthplace Richmond (City, town, or county) Ky (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Dorah Kenton
13. Birthplace (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Lizzie Ann Kanatzer
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant W. S. Hendren

(b) Address RF D 2 Moberly Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 40-16-45 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director [illegible]

(b) Address Madison Mo

19. (a) 10-18-45 (Date received local registrar) (b) LEAH WILLIAMS (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 year 1945 hour 1 minute 30 p.m.

21. I hereby certify that I attended the deceased from Oct 11th 1945, 19..., to Oct 13th 1945, that I last saw him alive on Oct 12th 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Euremic Poisoning Enlarged Prostate

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.

13 p

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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. A. Leesley (M. D. or other)

Address 31 1/2 W. Reed St. Date signed 10/16/45

1001

(Licensed Embalmer's Statement on Reverse Side)

C. R. Lewis
Hughes Mo
R Y

RECEIVED
District Health Officer No. 10
District File Number 11-45-1668
Date Filed NOV 23 1945

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 Mrs Fred A. Thompson

Licensed Embalmer No. 3282

P. O. Address Mendon, 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.