

FILED MAR 12 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **6835**

Registration District No. **299**

Primary Registration District No. **6025**

Registrar's No. _____

70
30
5786
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Reynolds
 (b) City or town Black River
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2 1/2 miles south of Buick
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 5 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Reynolds **90**
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 2 1/2 miles south of Buick
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Henry David Wendell

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Beatrice Wendell 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased July 6 1866
(Month) (Day) (Year)

8. AGE: 79 Years 7 Months 9 Days If less than one day
 hr. _____ min.

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

10. Usual occupation farmer (retired)

11. Industry or business _____

MOTHER FATHER { 12. Name unknown

13. Birthplace unknown **9**
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beatrice Wendell

(b) Address West Fork Missouri

17. (a) burial (b) Date thereof 2-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address R. J. White Ironton Mo.

19. (a) 2/25/46 (b) B. M. Fitzpatrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th.
 year 1946 hour 6 minute 25 P.M.

21. I hereby certify that I attended the deceased from Oct. 4 1945, to Feb. 15 1946,
 that I last saw him alive on Feb. 6 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 1 year

Due to Arterial Sclerosis, general 5 yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____
938

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? _____

While at work? _____
(Specify type of place) (e) Means of injury 0

23. Signature Ben M. Bull (M. D. or other) M.D.

Address Ironton, Mo. Date signed 2-19-46

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RECEIVED
District Health Officer No. _____
District File Number 3461
Date Filed 3-4-46

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 Lucel J. White
Licensed Embalmer No. 8012
P. O. Address Impton, N.H.

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.