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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10174

FILED MAR 27 1946
Registration District No. 226

Primary Registration District No. 4337

Registrar's No. 8

1. PLACE OF DEATH: MONROE

(a) County Madison Mo Rural

(b) City or town (If outside city or town limits, write "RURAL" and name of 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. (Specify whether)

In this community ✓ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Monroe

(c) City or town Madison (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country.

3. (a) PRINT FULL NAME NELLIE CHRISTINE HENDREN

3. (b) If veteran, name war. ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1946 hour Five minute 40 M.

21. I hereby certify that I attended the deceased from Feb 16, 1946 to Feb. 20, 1946; that I last saw her alive on Feb. 19, 1946; and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 2 - 11 - 1876 (Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

Duration 4 days

8. AGE: Years 70 Months 9 Days 9 If less than one day hr. min.

Due to

Due to

9. Birthplace Madison Mo Rural (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)

Major findings: gzw

10. Usual occupation House wife

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name O. C. Pierce

13. Birthplace MO (City, town, or county) (State or foreign country)

14. Maiden name Kansas J Ball

15. Birthplace Mo - Versailles (City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

16. (a) Informant Quiby Thompson

(b) Address Madison Mo R.R.

17. (a) Burial (b) Date thereof 2/21-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Buried Hill Madison Mo

(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 2

18. (a) Signature of funeral director Paul G. Thompson

(b) Address Madison Mo

19. (a) 2/21-46 (Date received local registrar) (b) Paul G. Little (Registrar's signature)

23. Signature W. G. Burnell, D.D. (M. D. or other) Address Madison MO Date signed 2-20-46

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

3970

RECEIVED

District Health Officer No. 10

District File Number 3-46-582

Date Filed MAR 19 1946

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 Miss Fred G. Thompson

Licensed Embalmer No. 3282

P. O. Address Madison 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.

Registration District No. 226

Primary Registration District No. 4337

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Madison, Mo.
(If outside city or town limits, write "RURAL" and name of 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 ✓
(Specify whether years, months or days)

In this community Epine

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Monroe

(c) City or town Madison, Mo.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nellie C. Bendren

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 Day 20 Year 1946 Hour 12 minute 0 M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

4. Sex F

5. Color or race w

6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Mr. Andrew

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Feb 11 1923
(Month) (Day) (Year)

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

8. AGE: Years 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name P. C. Perez

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy J. Ball

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Dr. Bendren

(b) Address Madison, Mo.

17. (a) burial (b) Date thereof 2-21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James Hill, Madison

18. (a) Signature of funeral director Trish Thompson

(b) Address Madison, Mo.

19. (a) 7-21-46 (b) Oliver Little
(Date received local registrar) (Registrar's signature)

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 2

23. Signature Dr. T. R. Turner (M.D. or other) MD

Address Madison, Mo. Date signed 7-21-46

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

STUPID

10174