S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31047

Registration District No. 2 FILED OCT 10 1946 Primary Registration District No. 5836 Registrar's No. 79

1. PLACE OF DEATH:

(a) County NEWTON

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

(c) Name of hospital or institution: NEOSHO TWP. 3 (If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 73

(c) City or town NEOSHO 3 (If outside city or town limits, write "RURAL")

(d) Street No. 510 JEFFERSON AVE. 3 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Theodore Elmer Hendershot

3. (b) If veteran, name war NONE

3. (c) Social Security No. 493-16-1709

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased SEPT. 20 1884 (Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 9 If less than one day hr. min.

9. Birthplace BENTON CO. ARKANSAS 1 (City, town, or county) (State or foreign country)

10. Usual occupation PLASTERER.

11. Industry or business BUILDING CONTRACTOR.

FATHER
12. Name ISSAC HENDERSHOT
13. Birthplace B WEST VIRGINIA 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name JAMIMA MATHEWS
15. Birthplace Ohio 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jane Harrison

(b) Address Neosho Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Gibson Cemetery

18. (a) Signature of funeral director Corley Thompson

(b) Address Neosho Mo.

19. (a) Oct. 2, 1946 (Date received local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1946 hour not known minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him dead alive on Sept. 29 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Shock, and internal Injuries, loss of blood. Duration

Due to Both legs Severed above knees.

Due to Struck by train

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 16 A-8

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) Accident 73

(b) Date of occurrence Sept 29. 1946

(c) Where did injury occur? Neosho Newton Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Railroad right of way (Specify type of place) struck by train

While at work? No (e) Means of injury loss of legs

23. Signature Corley Thompson Coroner 3 (M. D. or other)

Address Neosho Mo. Date signed 9/29/46

223

(Licensed Embalmer's Statement on Reverse Side)

OCT 30 1946

RECEIVED
District Health Officer No. Neuto
District File Number 1046-150
Date Filed 10-8-46

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 Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.