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5-17-39  
1 X4770

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

UNITED STATES OF AMERICA  
STANDARD CERTIFICATE OF DEATH

State File No. **5602**

FILED FEB 26 1948

Registration District No. **245**

Primary Registration District No. **3047**

Registrar's No. **16**

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

1. PLACE OF DEATH:

(a) County **Newton**  
(b) City or town **Newshel**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **1**  
(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 **Newshel** **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Bayler St.** **2**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No) **0**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ITHAMER M. HENDERSHOT**  
(b) If veteran, name war **NONE**  
(c) Social Security No. **NONE**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb** day **9**  
year **1948** hour **unknown** minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him **in bed** **9** to **9**, 19**48**,  
and that death occurred on the date and hour stated above.

4. Sex **MALE** race **White**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **JULY 31 1865**  
(Month) (Day) (Year)

Immediate cause of death **Cause unknown**  
**Probable coronary thrombosis**  
Due to **Natural causes**  
Duration \_\_\_\_\_

8. AGE: Years **82** Months **6** Days **9**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation **RETIRED**

11. Industry or business \_\_\_\_\_

12. Name **ISAAC HENDERSHOT**

13. Birthplace **W. VIRGINIA**  
(City, town, or county) (State or foreign country)

14. Maiden name **ANIMA MATHEWS**

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

16. (a) Informant **Mrs J. Harris**

(b) Address **Newshel, Mo.**

17. (a) **Burial** (b) Date thereof **Feb. 11. 48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sibley**

18. (a) Signature of funeral director **Corey Thompson**

(b) Address **Newshel, Mo.**

19. (a) **Feb. 20, 1948** (b) **Melvin C. Bonman**  
(Date received local registrar) (Registrar's signature) **902**

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?  
While at work \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **Corey Thompson** (If D. of other) **3**

Address **Newshel Mo.** Date signed **7/10/48**

RECEIVED

District Health Officer No. Newton  
District File Number 248-254  
Date Filed 2-24-48

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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.