—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5842

Registration District No. 2941 — Primary Registration District No. 3056 — Registrar's No. 63

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days last time (Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Monroe 69
(c) City or town Madison rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Lillie Dee Myrtle Hendren
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John Hendren
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased 4 (Month) 5 (Day) 1881 (Year)

8. AGE: Years 66 Months 10 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Monroe Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business at home

FATHER
12. Name Martin Dout
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mildred Stevens
15. Birthplace Monroe Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mildred Church
(b) Address E Hurley E K Lick Lee R R
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Alexander Cemetery
18. (a) Signature of funeral director Fred A Thompson
(b) Address Madison Mo
19. (a) 2-16-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature) 26.7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1948 hour 1 minute 50 p. M.

21. I hereby certify that I attended the deceased from 12 Feb 48, 1948, to 14 Feb, 1948 that I last saw her alive on 14 Feb, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	7 days
Due to arteriosclerotic nephritis	2 years
Due to arteriosclerosis	10 years
Other conditions: Cirrhosis of the liver (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 131A

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. W. Lemmy (M. D. ~~or other~~)
Address Moberly Mo Date signed 17 Feb 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-48-27
Date Filed FEB 25 1948

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 Madison Wis

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.