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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 27 1948

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28987

Primary Registration District No. 5126

Registrar's No. 986

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: Highway #71, ½ Mile South of Faucett, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution not (Specify whether) 3

In this community Driving Auto on Hiway (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 41

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

(d) Street No. 1259 West 72nd Street (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alva W. Hendon

3. (b) If veteran, name war None

3. (c) Social Security No. 456-05-3257

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Dorothy Hendon

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased September (Month) 16 (Day) 1906 (Year)

8. AGE: Years 41 Months 11 Days 22 If less than one day hr. min.

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

10. Usual occupation Assistant Mgr. (District) K.C. Mo.

11. Industry or business Brown & Bigelow Advertising Co.

FATHER
12. Name J. W. Hendon
13. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Sarah E. Stephens
15. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Mrs. Alva W. Hendon

(b) Address 1259 W. 72nd St., Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 8, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Dallas, Texas.

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 9-20-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 2 X 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8th year 1948 hour 8 minute 50 A. M.

21. I hereby certify that I ~~attended~~ viewed deceased from Sept 8th, 1948 to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received when the Auto he was driving went over an embankment

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

17 OC-8

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

(a) Accident, suicide, or homicide (specify) Accident 11

(b) Date of occurrence Sept 8th 1948

(c) Where did injury occur? Rural Buchanan County Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? Yes (e) Means of injury Auto

23. Signature B. W. Tadlock (M. D. or other) Coroner 3

Address King Hill Bldg St. Joseph, Mo. Date signed 9/9 48

(Licensed Embalmer's Statement on Reverse Side)

OCT 5 1945

SEP 2

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 Elbert C. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.