1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 37326

FILED DEC 8 1948

Registration District No. 1948 Primary Registration District No. 5741 Registrar's No. 52

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Bucklin, Rt 3, Rural Twp
(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 65 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon
(c) City or town Bucklin Rt 3, rural
(If outside city or town limits, write "RURAL")
(d) Street No. —
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Florence May Mendenhall
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex F. M. 1
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Tom J Mendenhall
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July (Month) 26 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	3	28	hr. min.

9. Birthplace Bucklin, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Columbus C. Wolfskill
13. Birthplace Bucklin, Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mellie Hornback
15. Birthplace Eldora, Ill (City, town, or county) (State or foreign country)
16. (a) Informant T J Mendenhall
(b) Address Bucklin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 26 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cem. - Bucklin Mo
18. (a) Signature of funeral director Lorian Funeral Service
(b) Address Bucklin, Mo
19. (a) Nov. 25, 1948 (Date received local registrar) (b) Josephine King (Registrar's signature) 297

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24, year 1948 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 20 1948 to Nov 24 1948 that I last saw her alive on Nov 23 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute myocarditis	
Due to Pontine hemorrhage	
Due to Hypertension	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 a

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 2

23. Signature R. A. Divelbess (M. D. or other) D. O.
Address Bucklin, Mo. Date signed 11-24-48

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

JAN 17 1958

RECEIVED
District Health Officer No. 10
District File Number 12-48-247
Date Filed DEC 6 - 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 E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Buckner, 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.