

No. 2
1-2-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31814**
Registrar's No. **543**

FILED OCT 13 1943

Registration District No. **136** Primary Registration District No. **2001**

1. PLACE OF DEATH:
(a) County **Jasper**
(b) City or town **Joplin**
(c) Name of hospital or institution: **St John's Hospital**
(d) Length of stay: **1 Day**
In this community **all life**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jasper 049**
(c) City or town **Joplin**
(d) Street No. **1215 Central**
(e) Citizen of foreign country? **0**

3. (a) PRINT FULL NAME **Ken Leon Bendure**
(b) If veteran, name war **—**
(c) Social Security No. **—**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife **—**
6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **Sept-11-1943**
8. AGE: Years **0** Months **0** Days **11** If less than one day **hr. min.**

9. Birthplace **Joplin, Mo.**

10. Usual occupation **Child**

MOTHER FATHER { 11. Industry or business **Child**
12. Name **Clarence Bendure**
13. Birthplace **Joplin, Mo.**
14. Maiden name **Hazel Peterson**
15. Birthplace **Joplin, Mo.**

16. (a) Informant **Mrs Clarence Bendure**
(b) Address **1215 Central Ave**

17. (a) **Burial** (b) Date thereof **9/23/43**
(c) Place: burial or cremation **Forest Park Cem**

18. (a) Signature of funeral director **Thomhill - Dillon**
(b) Address **Joplin, Mo.**

19. (a) **9-22-43** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **22**
year **1943** hour **5:00** minute **0**
21. I hereby certify that I attended the deceased from **Sept 11** 19**43** to **Sept-21** 19**43**
that I last saw him alive on **Sept 21** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Prematurely born and was unable to take proper nourishment**

Due to **159**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **—**
Of autopsy **—**

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? **—**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **—**

23. Signature **[Signature]** (M.D. or other) **—**
Address **Joplin, Mo.** Date signed **9-22-43**

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

43-9-818

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.....

Did not embalm....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *David Nelson*.....

Licensed Embalmer No..... *5899*.....

P. O. Address..... *Joplin, 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.