

No. 2
-1/47
-17-39

42

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

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED FEB 25 1948

Registration District No. 307

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3023

State File No. 4631

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Henry

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

(c) Clinton General Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 1 mo.
(Specify whether years, months or days)

In this community Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry

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

(d) Street No. 317 N. 2nd St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA T. HENDRICH

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex F. 5. Color or race W.

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

6. (b) Name of husband or wife Louis J. Hendrich

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased April 26 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 9 18 hr. min.

9. Birthplace Henry Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Chas. H. Murtel

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mathyrne Cook

15. Birthplace Henry Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Hendrich

(b) Address Clinton, Mo. R#5

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 2-16-48
(Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem.

18. (a) Signature of funeral director J. S. Bennett

(b) Address Clinton, Mo.

19. (a) 2-16-48
(Date received local registrar) (b) R. B. Ramsey
(Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1948 hour 6 minute _____ P.M.

21. I hereby certify that I attended the deceased from 7-30 1947 to 2/14 1948
that I last saw him alive on 2/14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia
— Ascites
Cardio-Vascular
Renal Disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Duration

PHYSICIAN

Major findings: Of operations _____

Of autopsy 131A

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 E. C. Tebbel M.D.
Address Clinton Mo Date signed 2/16/48

APR 16 1948

RECEIVED
District Health Officer No. 9,
District File Number 1-48-28
Date Filed 2-24-48

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, W. A. Vansant

~~Registered Apprentice No.~~

~~working under my personal supervision.~~

Signed W. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.