

REC'D MAY 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14608
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
(b) Township _____ Primary Registration District No. 2001
(c) City Springfield, Mo. (d) Street No. 530 E. Elm, Apt. #2 Registered No. 294
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Saml. P. Hendrix 536

(a) Residence, No. 530 E. Elm, Apt. #2 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Hendrix22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to April 1, 19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1866I last saw him alive on April 1, 1938. Death is said to have occurred on the date stated above, at 4 P. m.7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 9 22

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired R. R.
9. Industry or business in which work was done, as saw mill, bank, etc. Section Foreman
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

myocarditis, chronic Date of onset _____12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marian County MissouriOther contributory causes of importance:
arteriosclerosis
cerebral hemorrhage13. NAME Thomas Hendrix
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no15. MAIDEN NAME Nellie Price
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.17. INFORMANT Mrs. Annie Hendrix
(ADDRESS) Springfield, Mo.Manner of injury _____
Nature of injury _____18. BURIAL, CREMATION, OR REMOVAL PLACE Conway, Mo. DATE April 4, 193824. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____19. FUNERAL DIRECTOR J. H. Lohmeyer Funeral Home
(ADDRESS) Springfield, Mo.(Signed) Sam Paul, M. D.20. FILED Apr 4 1938 Chas. T. George Local Registrar 290 (Address) Springfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Walter E Hamilton, Licensed Embalmer No. 3808

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. 3808or by....., Registered Apprentice No.
working under my personal supervision.

Signed Walter E Hamilton
Licensed Embalmer No. 3808

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.)