

NOV 15 1938

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

35192  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township Washington Primary Registration District No. 1001  
 (c) City Saint Joseph (d) Street No. 323 West Hyde Park St.  
 (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. 4 mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Larry William Hendrix

(a) Residence, No. 323 West Hyde Park 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1938  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
0 4 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NONE  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Wathena, 1  
 (STATE OR COUNTRY) Kansas

FATHER 13. NAME Jesse Stanley Hendrix 0  
 14. BIRTHPLACE (CITY OR TOWN) Trenton, 1  
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Margaret L. Kiger  
 16. BIRTHPLACE (CITY OR TOWN) Wathena,  
 (STATE OR COUNTRY) Kansas

17. INFORMANT Jesse Stanley Hendrix,  
 (ADDRESS) 323 W. Hyde Park Ave.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE W. Auburn Cemetery, Oct. 31, 1938

19. FUNERAL DIRECTOR E. R. SIDENFADEN FUNERAL HOME  
 (ADDRESS) 602 South 10th Street

20. FILED 10/31 1938 H. Matthews  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1938 to Oct. 29, 1938  
 I last saw him alive on Oct. 29, 1938. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Cholera Infantum Date of onset 10-22-38

Other contributory causes of importance:

Marasmus Birth

Name of operation none Date of  
 What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify

(Signed) Ed Grant M. D.  
 (Address) St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Dr. Grant*

STATEMENT BY LICENSED EMBALMER

I, Theron O. Smith

Licensed Embalmer No. 3928

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

L. E.

No.          and by Mollie Sidenfaden

Registered Apprentice No. 145

working under my personal supervision.

Signed Theron O. Smith

Licensed Embalmer No. 3928

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.)