REC'D MAY 22 1939

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

15281
Do not use this space.

1. PLACE OF DEATH
(a) County Laclede — Registration District No. 448
(b) Township — Primary Registration District No. 4267 — Registered No.
(c) City Lebanon, Mo — (d) Street No. Louise G. Wallace Hospital 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. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 536 George Washington Hendricks
(a) Residence, No. Crocker - Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Hendricks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 14 - 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	2	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) May - 2 - 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richland Mo

FATHER
13. NAME Robert Hendricks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co Mo

MOTHER
15. MAIDEN NAME Matilda Gylispi
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Glen Hendricks - Son Crocker Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crocker - Mo DATE May 8 1939

19. FUNERAL DIRECTOR (ADDRESS) Hoops & Son Crocker Mo

20. FILED 5.8. 1939 J. A. McComb
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 5 1939

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1939, to May 7, 1939
I last saw him alive on May 7, 1939 Death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	May 1 '39
121	
Other contributory causes of importance: Chronic appendix	1934

Name of operation Appendectomy Date of May - 2 - 39
What test confirmed diagnosis? Surgery 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, 19
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) P. Thompson, M. D.
(Address) Lebanon Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1. X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)