

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33388

Registration District No. 775

Primary Registration District No. 6020-A.

Registrar's No. 68

1. PLACE OF DEATH:

- (a) County St. Francois
 (b) City or town Bonne Terre
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bonne Terre Hospital
 (If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 1 1/2 days
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT
FULL NAMEPressley Allison Hendrix3. (b) If veteran,
name war3. (c) Social Security
No.

4. Sex

Male5. Color or
raceWhite6. (a) Single, widowed, married,
divorcedMarried

6. (b) Name of husband or wife

Myra Hendrix6. (c) Age of husband or wife if
alive73 years

7. Birth date of deceased

July

(Month)

10

(Day)

1862

(Year)

8. AGE:

Years

Months

Days

If less than one day

77205

hr. min.

9. Birthplace

Tennessee

(State or foreign country)

10. Usual occupation

Carpenter

(City, town, or county)

11. Industry or business

12. Name William M Hendrix13. Birthplace Georgia14. Maiden name Mary Eliza Crane15. Birthplace Pennsylvania

16. (a) Informant's own signature

Mrs Myra Hendrix

(b) Address

Park St. Bonne Terre Mo17. (a) Burial

(b) Date thereof

Sept. 17, 1939

(Burial, cremation, or removal)

(Month)

(Day)

(Year)

(c) Place: burial or cremation

B. J. Cemetery

18. (a) Signature of funeral director

Benham & Co

(b) Address

313 Benham & Co19. (a) Sept. 17, 1939(b) N. W. Hawkins

(Registrar's signature)

(Date received local registrar)

(City or town)

(County)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County St. Francois
 (c) City or town Bonne Terre Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. Park St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15
year 1939 hour 5 minute P. M.21. I hereby certify that I attended the deceased from
Sept. 16, 1939 to Sept. 15, 1939;
that I last saw him alive on Sept. 15, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral hemorrhage

Duration

3 daysDue to Hypertension and
arteriosclerosis.

Due to _____

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)2 yrs.

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
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? _____

While at work? _____

(Specify type of place)

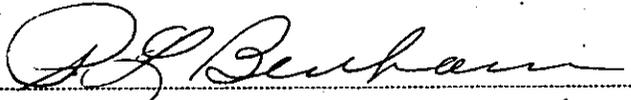
(e) Means of injury

23. Signature Martin J. Haw Jr. (M. D. or other)Address Bonne Terre, Mo Date signed 9-16-39

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed .....

Licensed Embalmer No. 3376.....

P. O. Address. Corvallis, Ore......

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, above space should be left blank.