

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.

Registration District No. 689

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH: Pike 1

(a) County Pike

(b) City or town Louisiana

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

(c) Name of hospital or institution: Pike County Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Dec 16 - Dec 16 (Specify whether)

*years, months or days) 5-26

3. (a) PRINT FULL NAME Robert Lee Hendricks

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex Male

5. Color or race Black

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

(b) Name of husband or wife Ella Hendricks

(c) Age of husband or wife if alive 35 years

7. Birth date of deceased Dec 9 1910

(Month) (Day) (Year)

8. AGE: Years 29 Months _____ Days 10 If less than one day

hr. _____ min. _____

9. Birthplace Bowling Green Mo

(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Howard Hendricks /

13. Birthplace W. Virginia

(City, town, or county) (State or foreign country)

14. Maiden name Nannie McPike

15. Birthplace Bowling Green Mo

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nannie McPike

(b) Address Bowling Green, Mo

17. (a) Burial (b) Date thereof Dec 18 1939

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Mem

18. (a) Signature of funeral director Grace Bankhead

(b) Address Bowling Green, Mo.

19. (a) 12/16/39 (b) J. F. Hotaler

(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Pike

(c) City or town Louisiana, Mo.

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

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 15

year 1939 hour 11:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 12, 1939, to Dec 15, 1939;

that I last saw him alive on Dec 15, 1939;

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

(Bilateral)

Due to _____

Due to _____

Other conditions 108

(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____ (Specify type of place) (e) Means of injury _____

23. Signature James E. Hotaler (M. D. or other)

Address Louisiana Mo Date signed 12/16/39

RECEIVED

District Health Officer No. 10

District File Number 1-40-22

Date Filed JAN 2 1940

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

Grace Bankshead

Registered Apprentice No. _____

working under my personal supervision.

Signed

Grace Bankshead

Licensed Embalmer No. 2284

P. O. Address Bowling Green, Va.

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.