

FILED FEB 16 1940

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

3516  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Ray Registration District No. 744  
 (b) Township Richmond Primary Registration District No. 5976B Registered No. 272  
 (c) City or Street No. \_\_\_\_\_ St.  
 (d) (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Luther A. Hendrix  
 (a) Residence, No. Richmond Mo. R.F.D. St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>January 23, 1940</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mollie Shirley</u>					22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 18, 1938</u> , to <u>January 23, 1940</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 19 1857.</u>					I last saw <u>him</u> alive on <u>Jan 23, 1940</u> Death is said to have occurred on the date stated above, at <u>10:30A.</u>	
7. AGE YEARS <u>82</u>	MONTHS <u>3</u>	DAYS <u>4</u>	If LESS than 1 day, ..... hrs. or ..... min.		The principal cause of death and related causes of importance were as follows: <u>Leukoplakia</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>farmer</u>				Date of onset <u>1938</u>	
	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 <u>all life</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rayville Ray Co. Mo.</u>					Other contributory causes of importance: <u>Advanced Arterio Sclerosis</u>	
FATHER	13. NAME <u>Isaac Bradford Hendrix</u>				Name of operation _____ Date of _____	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>				What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>Yes</u>	
MOTHER	15. MAIDEN NAME <u>Martha Stone</u>				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.	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>				Manner of injury _____ Nature of injury _____	
17. INFORMANT (ADDRESS) <u>Richmond, Mo. Frank Hendrix</u>					24. Was disease or injury in any way related to occupation of deceased? <u>Yes</u> If so, specify <u>SW Gaines</u> M. D. (Signed) <u>Richmond, Mo.</u> (Address) _____	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunny Slope</u> DATE <u>1-25</u> 19 <u>40</u>						
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Brothers Funeral Home Richmond, Missouri</u>						
20. FILED <u>Jan 31, 1940</u> <u>Wm. Elmer Johnson</u> Local Registrar.						

(Licensed Embalmer's Statement on Reverse Side)

WHITE 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 X10605

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1/15/40

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.....  
..... J. B. Brothers ..... , Registered Apprentice No. 2001  
working under my personal supervision.

Signed Brothers Funeral Home  
*J. B. Brothers*  
Licensed Embalmer No. 2001

P. O. Address.....

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.