

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27777**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **3411**

1. PLACE OF DEATH, **Jackson,**
(a) County **Jackson,**
(b) City or town **Kansas City,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **3217 Windsor,** **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **No,** (Specify whether
In this community **Unknown,**
years, months or days)

8. (a) PRINT FULL NAME **Nathan Scarritt Hendrix,** **536**
8. (b) If veteran, name war **French** 8. (c) Social Security No. **486-01-4616**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married,**
6. (b) Name of husband or wife **Marguerite Hendrix,** 6. (c) Age of husband or wife if alive **53** years
7. Birth date of deceased **August 23 1878**
(Month) (Day) (Year)

8. AGE: **62** Years **0** Months **6** Days If less than one day
hr. min.

9. Birthplace **Missouri,** (City, town, or county) (State or foreign country)

10. Usual occupation **Real Estate,**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Bishop E. R. Hendrix,**
13. Birthplace **Missouri,** (State or foreign country)
14. Maiden name **Ann Scarritt,**
15. Birthplace **Kansas,** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Nathan Scarritt Hendrix,**
(b) Address **3217 Windsor, Kansas City, Mo.**

17. (a) **Burial,** (b) Date thereof **8-31-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Washington Cemetery,**

18. (a) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **Aug. 30, 1940** (b) **M M Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **0 Missouri,** (b) County **Jackson,**
(c) City or town **Kansas City,**
(If outside city or town limits, write "RURAL")
(d) Street No. **3217 Windsor,**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **no,** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August,** day **29,**
year **1940** hour **1:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **Aug 25 1940** to **Aug 29 1940**
that I last saw him **alive on Aug 29 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **ruptured heart**
Due to **Coronary thrombosis,**
Due to **Atherosclerosis & Hypertension**
Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations **None**
Of autopsy **(above)**

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) (a) Means of injury **None**
23. Signature **Smallwood** (M. D. or other)
Address **944 1/2 W. 12th St.** Date signed **8/30/40**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MC

Dr. Donald Blackie

11th St. B. 9/28/48

11th St. B. 9/28/48

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

E. M. Plank

Licensed Embalmer No. 1848

P. O. Address T. C. Mo

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.