

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.

OCT 12 1940

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

31835  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Dade 20 Registration District No. 238  
 (b) Township Dade Primary Registration District No. 4145  
 (c) City Lockwood (d) Street No. \_\_\_\_\_ 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 Albert G. Hendricks  
 (a) Residence, No. Lockwood St. mo  
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
74 7 30

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. old age  
 9. Industry or business in which work was done, as saw mill, bank, etc. Pensioner  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hendricks Co, Ind!

FATHER  
 13. NAME Burns Hendricks  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER  
 15. MAIDEN NAME \_\_\_\_\_  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Miss Lizzie Hendricks  
 (ADDRESS) Lockwood, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wakita, Okla DATE Feb 11, 1940

19. FUNERAL DIRECTOR (NAME) Ray Caldwell  
 (ADDRESS) Lockwood, Mo

20. FILED 2-10, 1940 J. B. Where  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1940, to Feb 8, 1940  
 Last saw h. \_\_\_\_\_, alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Heart trouble of some kind was delayed when I arrived. No evidence of foul play.  
 Other contributory causes of importance: 200W

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) James A. Where M. D.  
 (Address) Lockwood, Mo

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**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.....

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.**