

FILED OCT 23 1940

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 4280

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Horse Show, At High School Grounds
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 46 years
years, months or days)

3. (a) PRINT FULL NAME Earl Lee Hendrix

3. (b) If veteran, name war World War 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Winnifred Hendrix 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 7, 1894
(Month) (Day) (Year)

8. AGE: Years 46 Months 9 Days 12 If less than one day
hr. _____ min. _____

9. Birthplace Lawrence Co. MO.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer, World War Veteran

11. Industry or business 9

12. Name Ellis Hendrix

13. Birthplace Lawrence Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lillian Jeffries
(City, town, or county) (State or foreign country)

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earl Hendrix

(b) Address Marionville, Mo.

17. (a) Burial (b) Date thereof Sept. 22, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Marionville, Mo.

18. (a) Signature of funeral director Bradford Funeral Home

(b) Address Marionville, Mo.

19. (a) Oct 1, 1940 (b) R. O. Carver MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town R. F. D. Marionville
(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 Sept 19 day _____
year 1940 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from after death, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death probable Heart attack

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? W.H.

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature Herman Durridge (M.D. or other) _____

Address Aurora, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

APR 22 1942

DEC 22 1941

DEC 28 1953

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

James Bradford

Licensed Embalmer No.

2304

P. O. Address

Merisville

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.