

Registration District No. **197**

Primary Registration District No. **6162**

Registrar's No. **197**

1. PLACE OF DEATH:

(a) County **Vernon**
 (b) City or town **Rural (Washington Twp.)**
 (If outside city or town limits, write "RURAL" and name of township.)
 (c) Name of hospital or institution **State Hosp. # 3**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 Mos. 18 days**
 (Specify whether **same**)
 In this community **same**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Vernon**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Washington Tp.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME: **John N. Hendrix**

3. (b) If veteran name war **no** 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife **Maude** 6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **aug 14 78**
 (Month) (Day) (Year)

8. AGE: Years **62** Months **11** Days **22** If less than one day hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business **1**

12. Name **Hiram H. Hendrix**

13. Birthplace **Ill**
 (City, town, or county) (State or foreign country)

14. Maiden name **Laura Sparks**

15. Birthplace **Ohio**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Assoc. Records**

17. (a) **Rural** (b) Date thereof **aug 8 1940**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mattoon Ill**

18. (a) Signature of funeral director **Jesse Harvey**

(b) Address **Swett Springs Mo**

19. (a) **8-6-40** (b) **Allen V. Hays**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **aug** day **5th**
 year **1940** hour **10/16** minute **P** M.

21. I hereby certify that I attended the deceased from **April 20th** 19**30** to **aug 5th** 19**40**
 that I last saw him alive on **aug 5th** 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Paralysis of the Spine (Lytic)**
 Due to **Heart exhaustion**
 (b) **13**
 (c) **15**

Due to **Heart exhaustion**
 (b) **13**
 (c) **15**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **None**

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?
no

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

Signature **L. A. Hopkins** (M. D. or other) **1**
 Address **Newada Mo** Date signed **8/5/40**

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

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

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1250

Date Filed 9-4-40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Jesse Harvey

Licensed Embalmer No. 2214

P. O. Address Sweet Springs 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.