

FILED JAN 8 1949
Registration District No. 1099

Primary Registration District No. 5868

1. PLACE OF DEATH:
(a) County Pease
(b) City or town Pease Orchard
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0
In this community two years (Specify whether years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Pease
(c) City or town Pease Orchard
(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.? 0 years.

3. (a) PRINT FULL NAME Wilton Henry Hendrix
3. (b) If veteran, name war 0
3. (c) Social Security No. 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 3 year 1942 hour 6 minute 30 P.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 0
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Sept 28 1914
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 2, 1942, to Oct 3, 1942
that I last saw her alive on Oct 2, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
1 hr. 0 min.

Immediate cause of death Colic
Duration
Due to _____
Due to _____
Other conditions 0
(Include pregnancy within 3 months of death)

9. Birthplace Pease Orchard MO
(City, town, or county) (State or foreign country)
10. Usual occupation husband
11. Industry or business 0
12. Name Glen Hendrix
13. Birthplace MO
(City, town, or county) (State or foreign country)
14. Maiden name Nuby
15. Birthplace MO
(City, town, or county) (State or foreign country)

Major findings: Of operations 0
Of autopsy no
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Glen Hendrix
(b) Address Pease Orchard MO
(a) (Burial, cremation, or removal) buried (b) Date thereof 10 4 42
(Month) (Day) (Year)
Place: burial or cremation Pease Orchard
Signature of funeral director Wm. Pease
Address 1-1-4
(b) J. J. Cheary (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence 0
(c) Where did injury occur? 0 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
590 (Specify type of place) (a) Means of injury 0
While at work? 0
23. Signature Wm. Pease (M. D. or other) 1
Address Pease Orchard MO Date signed Oct 4 42

ONLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-41-2

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 sign the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43413

Registration District No. 1099

Primary Registration District No. 3868

Registrar's No.

1. PLACE OF DEATH:

(a) County Peru
(b) City or town Little River
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME Wilton Hendrix

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 8

6. (b) Name of husband or wife.....

6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased.....

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

hr

min.

9. Birthplace.....

(City, town, or county)

(State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

(City, town, or county)

(State or foreign country)

14. Maiden name.....

15. Birthplace.....

(City, town, or county)

(State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a) (Burial, cremation, or removal)

(b) Date thereof.....

(Month)

(Day)

(Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) 1-1-41 (Date received local registrar)

(b) J.P. Treasy (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town..... (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 Oct day 2 year 1940 hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

Duration

Due to.....

Due to.....

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

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (e) Means of injury.....

23. Signature B.E. Ellis (M. D. or other)

Address Gideon MO Date signed.....

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

SUPPLEMENTAL

S-43413