

Registration District No. 299 Primary Registration District No. 1002 State File No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(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:  
3419 Benton Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 28 years  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Elizabeth Main Hendrix

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Charles T. Hendrix 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 20, 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 5 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lonaconing, Maryland  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Andrew Main  
13. Birthplace Nova Scotia, Canada  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Stevenson  
15. Birthplace Nova Scotia, Canada  
(City, town, or county) (State or foreign country)

16. (a) Informant Nelle Hendrix  
(b) Address 3419 Benton Blvd.

17. (a) Burial (b) Date thereof 2-26-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary  
(b) Address 104 West 42nd Street

19. (a) 2-26-41 (b) M. M. Crewe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3419 Benton Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 24  
Year 1941 hour 12 minute 35 M.

21. I hereby certify that I attended the deceased from Jan 1, 1941 to Feb 24, 1941  
that I last saw him alive on Feb 17, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 1 mo

Due to Arteriosclerosis

Due to 42/2

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations no Of autopsy no  
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 0

23. Signature Harry L. Funder (M. D. or other) \_\_\_\_\_  
Address Kansas City, Mo Date signed 2-27-41

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

Mr. Harvey R. Jones  
1214 1/2 St. N.E.  
Wash. D.C. 20002  
2:00 to 5:00

**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

*Clarence W. Chiles*

Licensed Embalmer No.

*3473*

P. O. Address

*76. 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, fact should be so stated above.**