

FILED AUG 25 1941  
Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 179

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

1. PLACE OF DEATH:

(a) County Jacobs

(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1415 Industrial Ave  
(If not in hospital or institution, write street number or location)

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

In this community Entire Life  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone <sup>010</sup>

(c) City or town Columbia <sup>4</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. 1415 Industrial Ave  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES P HENDRICK

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7-9 day July  
year 41 hour 10:30 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1941, to July 9, 1941,  
that I last saw him alive on July 9, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Prose to Meningitis Duration 12 hrs

4. Sex Male 5. Color or race White

6. (a) Name of husband or wife Earl Hendricks 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased: July 4 1859  
(Month) (Day) (Year)

Due to \_\_\_\_\_ 101

Due to \_\_\_\_\_

Other conditions Prose to Meningitis 40y  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None

Of autopsy None

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

8. AGE: Years 82 Months 0 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation Forest Farmer

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

12. Name James C Hendrick

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Susan O Jackson

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Earl Hendrick

(b) Address Columbia Mo

17. (a) Funeral (b) Date thereof July 11 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Travis Grove

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? No (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature W. P. Dyer (M. D. or other) D  
Address Columbia Mo Date signed 7-12-41

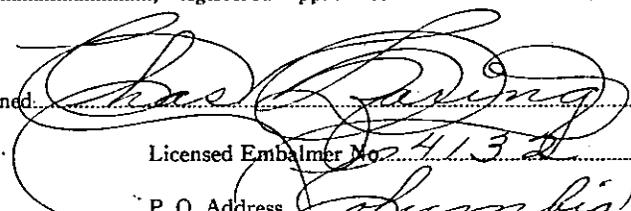
18. (a) Signature of funeral director Starkes

(b) Address Columbia Mo

19. (a) 7/12/41 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

**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. 4132

P. O. Address Columbia, S.C.

**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.**