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FILLED AUG 15 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

26036 92

1. PLACE OF DEATH

County ST CHARLES  
Township MARSHENNE  
City..... (No.....)

Registration District No. 760 B  
Primary Registration District No. 6001

File No.....  
Registered No. 147  
St. .... Ward)

2. FULL NAME GUARD HENRICKS

(a) Residence, No. BUELL St., ..... Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ~~18~~ yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
7. AGE YEARS 18 MONTHS ..... DAYS ..... If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buell Mo

MOTHER FATHER 13. NAME Chas. Hendricks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

15. MAIDEN NAME Douglas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co Mo

17. INFORMANT (ADDRESS) Chas. Stephens Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Middletown Mo DATE July 26 1941

19. UNDERTAKER (ADDRESS) Chas Stephens Montgomery City Mo

20. FILED July 31 1941 E. A. Bethley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 23 1941

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1941, to July 23, 1941. I last saw him alive on July 23, 1941. Death is said to have occurred on the date stated above, at 11:30 a.m. The principal cause of death and related causes of importance were as follows:

Date of onset  
Other contributory causes of importance:  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 1941  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed)....., M. D.  
(Address).....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

