

Registration District No. **89**

Primary Registration District No. **5131**

1. PLACE OF DEATH:

(a) County **Butter**
(b) City or town **Inlin R.I.P.A. 11**
(If outside city or town limits, write "RURAL" and name of township)
(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 _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butter 12**
(c) City or town **Inlin R.I.** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **16**
year **41** hour **2** minute **45 Am**
21. I hereby certify that I attended the deceased from **Oct 16**
19**41**, to **Oct 17**, 19**41**;
that I last saw **or** alive on **Oct 17, 1941**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure**
Premature Birth
Due to _____
Duration _____
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 **J.E. Dupell** (M. D. or other) **m.d.**
Address **Payton Stiff** Date signed **10-19-41**

3. (a) PRINT FULL NAME **Infant not named Hendrix**
3. (b) If veteran, name war **place** 3. (c) Social Security No. _____

4. Sex **U** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct 16 1941**
(Month) (Day) (Year)

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

9. Birthplace **Inlin** **Umo**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **Leroy Hendrix**
13. Birthplace **Leaw**
(City, town, or county) (State or foreign country)

14. Maiden name **Agnes Black**
15. Birthplace **Risco Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **J.E. Black**
(b) Address **Inlin Mo**

17. (a) **Burial** (b) Date thereof **Oct 17-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Inlin Mo**

18. (a) Signature of funeral director **none**
(b) Address _____

19. (a) **10-21-41** (b) **Belle Kinnel**
(Date received local registrar) (Registrar's signature)

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

2003

RECEIVED

District Health Office No. 2,

District File Number 1141-1460

Date Filed 11/2/41

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

Christina M. Lambert

Licensed Embalmer No. 7227

P. O. Address Campbell

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.