

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Childrens Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community about 2 mo (years, months or days)

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. 6000 E 8th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Richard 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, Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 1 1941
(Month) (Day) (Year)

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

9. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
12. Name Harney O. Hendrix
13. Birthplace St. Joseph, Mo (City, town, or county) (State or foreign country)
14. Maiden name Delia Hightower
15. Birthplace St. Joseph, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Harney O. Hendrix
(b) Address 2400 Goodfield St. St. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 20 42
(Month) (Day) (Year)
(c) Place: burial or cremation Maund Bros

18. (a) Signature of funeral director Cato & Speaks
(b) Address Independence, Mo

19. (a) 1-19-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1942 hour 8 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 18 1942 to Jan 18 1942
that I last saw him alive on Jan 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchopneumonia
Due to 1070e
Due to 107
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy None

Duration
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)
Means of injury _____

23. Signature W. B. Schubert (M. D. or other)
Address 1316 Park Bldg Date signed Jan 18 42

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

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

Roland R. Perks

Licensed Embalmer No. 3604

P. O. Address

Independence, 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.