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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3108

Registration District No. 114 Primary Registration District No. 5814 Registrar's No. 7

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Portageville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gordon Tump
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

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

3. (a) PRINT FULL NAME James William Hendrix
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mable Young
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Feb (Month) 10 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
61	10	28	..... hr. ..... min.

9. Birthplace Greenville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Contractor
11. Industry or business .....
12. Name John Hendrix (FATHER)
13. Birthplace Randolph County Ill (City, town, or county) (State or foreign country)
14. Maiden name Mary White (MOTHER)
15. Birthplace Grabolle Mo (City, town, or county) (State or foreign country)
16. (a) Informant Oliver Hendrix
(b) Address Wardell Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/10/42 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville Cemetery
18. (a) Signature of funeral director Lee Funeral Home
(b) Address Portageville Mo
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8 year 1942 hour 7 minute A M.
21. I hereby certify that I attended the deceased from Dec 24 1941 to Jan 8 1942 that I last saw him alive on Jan 8 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	3 wks
Due to Arteriosclerosis Coronary Arteries	5 yrs?
Due to	
Other conditions (Include pregnancy within 3 months of death) None	

Major findings: ~~Of operation~~ X ray & E.K.G. furnished basis for diagnosis
Of autopsy None

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature R. C. Conrad (M. D. or other) M.D.
Address Portageville, Mo. Date signed 1-9-42

(Licensed Embalmer's Statement on Reverse Side)

2-42-1

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~~ Noel C. Dean, Registered Apprentice No. ..... working under my personal supervision.

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville 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.

S. No. 2B
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3108

Registration District No. 114 Primary Registration District No. 5869 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Pemiscot

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

(c) Name of hospital or institution:
(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 (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME James W. 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 M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 10 (Day) 1880 (Year)

8. AGE: Years 61 Months 10 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) 4-28-42 (Date received local registrar) (b) J. L. Cleary (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed