FILED APR 7 1942

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

11817

Do not use this space.

1. PLACE OF DEATH
(a) County St Clair Co. Registration District No. 761
(b) Township Appleton City Twn Primary Registration District No. 4456 Registered No. 21
or
(c) City Appleton City Mo (d) Street No. Community Hospital Appleton City Mo St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Daniel Beauregard Hendrick
(a) Residence, No. Lowry City Mo St Clair Co St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 2

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 6. 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	10	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as 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) Near Mendota Washington Co Virginia

FATHER
13. NAME James Hendrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Given Washington Co Virginia

MOTHER
15. MAIDEN NAME Josephine Barker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Given Washington Co Virginia

17. INFORMANT (ADDRESS) Mrs Grace Johnson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lowry City Cem DATE 3/4/ 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. E. Austin Lowry City Missouri

20. FILED Mar 6 1942 Wayne Davidson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/31 1942

22. I HEREBY CERTIFY, That I attended deceased from 12-27- 1941, to 3-3- 1942
I last saw him alive on 3-3- 1942 Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Leucemia, aleucemic
(LEUCEMIA, ALEUCEMIC)

Other contributory causes of importance:

74b

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
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 No

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

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-19-38 I X16605

APR 20 1942

RECEIVED
District Health Officer No. 7
District File Number 4-41-299
Date Filed 4-6-42

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 H. C. Austin

Licensed Embalmer No. 3609

P. O. Address Lowry City 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, above space should be left blank.