S. No. 2
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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34562

Registration District No. 280 Primary Registration District No. 5965 Registrar's No. 16

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Rural - Preston Twp
(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 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte 83 0 0
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Cora Belle Hendrix

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased November (Month) 30 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
65	9	2	hr. min.

9. Birthplace Platte County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business Home
FATHER
12. Name Joseph Liggett
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Permelia Jones
15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Harry Hendrix
(b) Address Edgerton Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion Cemetery
18. (a) Signature of funeral director Rollins Mortuary
(b) Address Edgerton Missouri
19. (a) Oct. 7 1942 (Date received local registrar) (b) Mrs Clay Giffee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2nd year 1942 hour minute M.

21. I hereby certify that I attended the deceased from May 15 1940, to Aug. 31 1942, that I last saw her alive on Aug. 31 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insufficiency

Due to arterial hypertension, valvular (mitral) incompetence

~~Due to~~ cardiac hypertrophy.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

92b

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature John A. Robinson, (M. D. or ~~other~~)
Address Edgerton, Mo. Date signed 9-3-42.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte

District File Number 11-42-87

Date Filed 11-3-42

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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed .....

Licensed Embalmer No. 3947

P. O. Address .....

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.