V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36553

Registration District No. 6 — Primary Registration District No. 3001 — Registrar's No. 31

1. PLACE OF DEATH:

(a) County: AUDRAIN
(b) City or town: VANDALIA (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 209 EAST WASHINGTON (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: 7 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: AUDRAIN 4
(c) City or town: VANDALIA 2 (If outside city or town limits, write "RURAL") 1
(d) Street No.: 209 EAST WASHINGTON (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: FRANK MARION HENDRIX

3. (b) If veteran, name war: ..... 3. (c) Social Security No. 489-16-30047

4. Sex: MALE — 5. Color or race: White — 6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: ERMA E. HENDRIX — 6. (c) Age of husband or wife if alive: 41 years

7. Birth date of deceased: Oct (Month) 4 (Day) 1889 (Year)

8. AGE: Years 53 — Months 1 — Days 4 — If less than one day ..... hr. ..... min.

9. Birthplace: SPENCERBURG (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation: GROCERY CLERK

11. Industry or business: .....

FATHER
12. Name: WILLIAM T. HENDRIX
13. Birthplace: UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: MARY ELIZABETH DOWELL
15. Birthplace: UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Erma E. Hendrix
(b) Address: 209 E. WASHINGTON VANDALIA MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Nov 9 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: CURRYVILLE MISSOURI

18. (a) Signature of funeral director: N. S. Nature
(b) Address: Vandalia, Missouri

19. (a) Nov. 9 1942 (Date received local registrar) (b) Mallie Fugue (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 8 year 42 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 8/21, 1942 to 11/8, 1942 that I last saw him alive on 11/8, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	3 days
Due to: Chronic Myocarditis	
Due to: With Edema	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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: 2

23. Signature: Dr. J. R. Dougherty (M. D. or other) Do
Address: Vandalia, Mo. Date signed: 11/9/42

11/17/42
10

1073 (Licensed Embalmer's Statement on Reverse Side)

NOV 20 1942

RECEIVED
District Health Officer No. 10
District File Number 11-42-2079
Date Filed NOV 16 1942

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 W. S. Waters

Licensed Embalmer No. 4298

P. O. Address Sandalia 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.