V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I. X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40138

State File No.

Registration District No. 11 Primary Registration District No. 5044 Registrar's No. 117

1. PLACE OF DEATH:

(a) County: Barry

(b) City or town: Washburn Twp

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

(c) Name of hospital or institution: no

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no (Specify whether years, months or days)

In this community: All or life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry 5

(c) City or town: Washburn, Rural 0

(If outside city or town limits, write "RURAL")

(d) Street No.: 0

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Ivan Eugene Hendrix

3. (b) If veteran, name war: no

3. (c) Social Security No.: no

4. Sex: Male 0

5. Color or race: White

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 (Month) 16th (Day) 1942 (Year)

8. AGE: Years 0 Months 4 Days 17 If less than one day hr. min.

9. Birthplace: Washburn, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Ray Hendrix
13. Birthplace: Grove Okla. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name: Bessie Cooper
15. Birthplace: Powell Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Ray Hendrix
(b) Address: Washburn, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov 4 42 (Month) (Day) (Year)
(c) Place: burial or cremation: Roller Pleasant Hill

18. (a) Signature of funeral director: Horine & Culver
(b) Address: Cassville Mo.

19. (a) Dec 12-1942 (Date received local registrar) Grace Williams (Registrar's signature)

1077

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3rd year 1942 hour 3. minute P. M.

21. I hereby certify that I attended the deceased from Nov 3, 1942, to Nov 3, 1942 that I last saw him alive on Nov. 3, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Gastro-enteritis - Hemorrhagic

Due to: acute Hepatitis

Due to: V

Other conditions (Include pregnancy within 3 months of death): 196

Major findings:
Of operations:

Of autopsy:

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) (e) Means of injury:

23. Signature: W R McClure (M. D. or other) D.O.
Address: Cassville Date signed: 11/5/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 143-24
Date Filed 1-9-43

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 R. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville, Missouri

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.