

FILED APR 30 1943

Registration District No. **11**

Primary Registration District No. **5043**

Registrar's No. **10**

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Seligman--Rural
(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 years, months or days) 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Seligman--Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 4 Miles N. W. of Seligman
(If rural, give location)

(e) Citizen of foreign country?.....(Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Jerry Lee Hendrix

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1943 hour 8 minute 00 P.M.

5. Color or race White

6. (a) Single, widowed, married, divorced Single

4. Sex Male

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

7. Birth date of deceased November 10 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 10 1942 to March 30 1943, that I last saw him alive on March 30 1943 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
	<u>4</u>		hr. min.

Immediate cause of death.....
Bronchopneumonia.

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

Due to Congenital malformation of Chest: heart & liver.

Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation.....

11. Industry or business.....

12. Name Olin Hendrix

13. Birthplace McDonald County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Still

15. Birthplace Barry County Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....

157 e

16. (a) Informant Mrs. Clarice Still

(b) Address Seligman, Mo. Rte 1.

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?

17. (a) Burial (b) Date thereof April 1/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King Cemetery

18. (a) Signature of funeral director Koon Funeral Home

(b) Address Cassville, Missouri

19. (a) April 3-1943 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

While at work?.....
(Specify type of place) (c) Means of Injury

23. Signature Dr. Chas. B. Brown (D. or other)
Address Seligman Mo Date signed 3/31/43

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

000

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Licensee No. 6,

District File Number 443-498

Date Filed APR 29 1943

Body was not embalmed.

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.....

Wm. Carter Koon, Registered Apprentice No. 338

working under my personal supervision.

Signed John E. Myers.

Licensed Embalmer No. 3220

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.