

Missouri name 915 or rock

FILED MAY 24 1943
Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 72

1. PLACE OF DEATH:

(a) County *Randolph*

(b) City or town *Moberly*

(c) Name of hospital or institution: *Ms Cormack Hospital LO*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution *1 day*
(Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *Monroe*

(c) City or town *Duncan Bridge*
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location) *0*

(e) Citizen of foreign country?..... (Yes or No) *1*

If yes, name country.....

3. (a) PRINT FULL NAME *Sarah J. Hendricks*

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *April* day *4* year *1943* hour *8* minute *15 A.M.*

21. I hereby certify that I attended the deceased from *4-3-43* to *4-4-43* that I last saw her alive on *4-4-43* and that death occurred on the date and hour stated above.

Immediate cause of death *myocarditis* Duration *few days*

Due to *old age*

Due to.....

Other conditions (Include pregnancy within 3 months of death) *921*

4. Sex *fe* 5. Color or race *W*

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

6. (b) Name of husband or wife *H. F. Hendricks*

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

7. Birth date of deceased *Dec 25 1868*
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

84 3 8

9. Birthplace..... (City, town, or county) (State or foreign country) *Mo D*

10. Usual occupation *House wife*

11. Industry or business.....

MOTHER FATHER { 12. Name *W M Clark*

13. Birthplace..... (City, town, or county) (State or foreign country) *Ky 1*

14. Maiden name *Pollard*

15. Birthplace..... (City, town, or county) (State or foreign country) *Ky 1*

16. (a) Informant *J. W. Fure*

(b) Address *225 S. 1st St Moberly Mo*

17. (a) *Burial* (b) Date thereof *14 5 1943*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Union Cemetery*

18. (a) Signature of funeral director *C. E. Hopper*

(b) Address *Clarence St Moberly*

19. (a) *4-5-43* (b) *John Nave*
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations.....

Of autopsy.....

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)

(b) Means of injury *0*

23. Signature *H. L. McCormick* (M. D. or other)

Address *Moberly Mo* Date signed *4-4-43*

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

8662

1036

RECEIVED

District Health Officer No. 10

District File Number 5-43-85-9

Date Filed MAY 21 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this card was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.