S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1943

Registration District No. 92

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 24385

Registrar's No. 765

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or ~~town~~ St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 2. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 yrs. 3 mos. 3 days (Specify whether)

In this community 9 years, 3 months, 3 days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) ~~City or~~ town Forest City
(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

3. (a) PRINT FULL NAME Dollie 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 3 divorced

6. (b) Name of husband or ~~wife~~ Albert Huiatt

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

7. Birth date of deceased 1 (Month) 18 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
59	5	24	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Robert Hendrix
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Margaret Grimes
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Alberta Huiatt.

(b) Address 4802 Park, Kansas City Mo.

17. (a) R. (Burial, cremation, or removal) (b) Date thereof 7-6-43 (Month) (Day) (Year)

(c) Place: burial or cremation Forest City

18. (a) Signature of funeral director James H Pettijohn

(b) Address Oregon Mo

19. (a) 7-6-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th year 1943 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1-1- 1940, to 7-5- 1943 that I last saw her alive on 7-5- 1943 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis — Duration 1 year

Due to Epilepsy

Due to

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 0

23. Signature C. E. Corrins (M. D. ~~or other~~)

Address State Hospital No. 2 Date signed 7-6-1943

(Licensed Embalmer's Statement on Reverse Side) by J. H. Morroway

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Signed James F. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon, 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.