

FILED AUG 12 1943

STANDARD CERTIFICATE OF DEATH

State File No. 25880

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Ray  
 (b) City or town Knottville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
none  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
(Specify whether  
 In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray  
 (c) City or town Richmond  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 757 East Lexington  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME ROBERT G. HENDRIX

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife WIFE 6. (c) Age of husband or wife if alive..... years  
FLORENCE 18 1914  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
28 9 24 hr. .... min.

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

10. Usual occupation Farmer and coal mining

11. Industry or business Coal mining

12. Name Ira G. Hendrix

13. Birthplace Ray Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Ethel McCullough

15. Birthplace Elmira Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hendrix  
(b) Address Richmond Mo.

17. (a) Burial (Burial, cremation, or removal) Burial (b) Date thereof 8-4-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Knottville  
18. (a) Signature of funeral director J. B. Brothers  
(b) Address Richmond, Mo.

19. (a) Aug 4 43 (b) Mrs. Chas. S. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 2  
 year 1943 hour 1 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
 that I last saw h..... alive on....., 19.....;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Fractured skull & Broken neck

Due to Fall in an old mine

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 189

(b) Date of occurrence aug 2, 1943

(c) Where did injury occur? Rural Ray Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at mine

While at work? yes (Specify type of place) (e) Cause of injury Fall

Signature D. J. Baber (M. D. or other)  
Address Richmond Mo Date signed 8, 4, 43

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 8-11-23

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 me  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed J. E. Broadhurst  
Licensed Embalmer No. 2171  
P. O. Address Rayville, 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.