

FILED AUG 9 1943

Registration District No. 295

Primary Registration District No. 4024

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

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Walker Mo.  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Miss (b) County Vernon  
(c) City or town Walker  
(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

Chas. Alvin 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 Gallie May Hendrix 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Dec 7 1867  
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Geo. W. Hendrix

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Patience W. Summers

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Mrs. Elsie B. Kershner

(b) Address Walker Mo.

17. (a) buried (b) Date thereof 7-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nevada Mo.

18. (a) Signature of funeral director Sumner S. Kers

(b) Address El Dorado, Mo.

19. (a) 7-23-43 (b) Chas. Alvin Hendrix  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1943 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 1, 1943, to July 20, 1943  
that I last saw him alive on July 20, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Block Duration no

Due to Cardiac Catharsis

Due to Atherosclerosis 10 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9502

Of autopsy \_\_\_\_\_

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 no

23. Signature C. B. Davis (M. D. or other) \_\_\_\_\_  
Address Walker Mo. Date signed 7-22-43

Duration  
Physician  
Underline the cause to which death should be charged statistically.

1232

AUG 23 1943

RECEIVED

District Health Order No. 71

District File Number 1-43-811

Date Filed 8-7-43

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 *MD Gormm*.....

Licensed Embalmer No. *2034*

P. O. Address *Edwards St. N.*

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.