

FILED SEP 8 1943
Registration District No. 276

Primary Registration District No. 5947

Registrar's No. _____

1. PLACE OF DEATH: Phelps

(a) County Phelps

(b) City or town St James, James River
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St James Hospital
(If both 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: 81

(a) State Mo (b) County Phelps 3

(c) City or town St James 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Levi A Hendrix

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

20. DATE OF DEATH: Month 10 day August
year 1943 hour 5 minute 30 P.M.

4. Sex male 5. Color or Race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ethel Hendrix 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 4 27 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1 - 1943 - 1943, to Aug 10, 1943 that I last saw him alive on Aug 10, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 3 Days 13 If less than one day _____ hr. _____ min.

Immediate cause of death: Carcinoma of Gall bladder, chronic cholecystitis?

Due to: _____

Due to: _____

9. Birthplace Phelps Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations: _____

Of autopsy: _____

11. Industry or business _____

12. Name David Hendrix

13. Birthplace Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Davis

15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs Margaret Frame

(b) Address St James Mo

17. (a) Burial (b) Date thereof 8-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Males can

18. (a) Signature of funeral director W. S. Nicklader

(b) Address St James Mo

19. (a) 8-20-1943 (b) Charles A. Nelson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature E. A. Smith (M. D. or other) _____

Address James H. Smith Date signed 8-11-43

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

71
00

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Orval E. Leckie
Licensed Embalmer No. 3544
P. O. Address St James

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, above space should be left blank.