

FILED JUN 24 1944

Registration District No. **2**

Primary Registration District No. **4428**

Registrar's No. **61**

1. PLACE OF DEATH:  
(a) County **Pulaski**  
(b) City or town **Richland**  
(If outside city or town limits, write "RURAL" and name of township)  
(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 **Mo** (b) County **Pulaski**  
(c) City or town **Richland** (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MARY MALEDDIA HENDRIX**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **13** year **44** hour **6** minute **30** pm.  
21. I hereby certify that I attended the deceased from **5-12-44** to **5-18-44**  
that I last saw him **or** alive on **4-4-44** and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **William Hendrix** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **March 2, 1866**  
(Month) (Day) (Year)

Immediate cause of death **arteriosclerosis**  
Duration **years**

8. AGE: Years **78** Months **2** Days **11** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace **Waynesboro Mo** (City, town or county) (State or foreign country)  
10. Usual occupation **House wife**

MOTHER FATHER { 11. Industry or business \_\_\_\_\_  
12. Name **A.C. L. Braddock**  
13. Birthplace **Tennessee** (City, town or county) (State or foreign country)  
14. Maiden name **Lillian Ballard**  
15. Birthplace **Tennessee** (City, town or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **W.H. Hendrix**  
(b) Address **Richland**  
17. (a) **Burial** (b) Date thereof **5/13/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Oak Hill**  
18. (a) Signature of funeral director **R.B. Seiper**  
(b) Address **Richland**  
19. (a) **6-17-44** (b) **L. Hasnaff**  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
23. Signature **A.H. Howell** (M. D. or other) \_\_\_\_\_  
Address **Richland** Date signed **5-20-44**

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**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.....

Licensed Embalmer, No.....

P. O. Address.....

*R. B. Cooper*  
3198  
*Richland Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**