

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 22300

FILED JUL 13 1944

Registration District No. 292

Primary Registration District No. 4434

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Ralls  
 (b) City or town Center 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 1  
 In this community 78 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Franklin 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 Widowed

6. (b) Name of husband or wife Flora A. Hendrix 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 21 1856  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>8</u>	<u>27</u>	hr. _____ min.

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

10. Usual occupation Farmer-retired

11. Industry or business Own Farm

12. Name Henry W. Hendrix  
 13. Birthplace Ind  
 (City, town, or county) (State or foreign country)

14. Maiden name Sarah Winglerd  
 15. Birthplace Ind  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature JG Murphy  
 (b) Address Center Mo

17. (a) Burial (b) Date thereof June 20 44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shulse Cemetery

18. (a) Signature of funeral director Miss Fuller  
 (b) address Center Mo

19. (a) June 23-44 (b) Mrs. Earl Berkerson  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ralls  
 (c) City or town Center Mo  
 (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. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
 year 1944 hour 12 minute 35p M.

21. I hereby certify that I attended the deceased from April 3  
 19 44 to June 18 19 44

that I last saw h im alive on June 11 19 44  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (acute) Duration 5 wks

Due to unknown

Due to unknown

Other conditions none  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations none

Of autopsy none

Duration

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature G. H. Brooks (M. D. or other) Mo.  
 Address Center, Mo Date signed 6-23-44

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1133

RECEIVED

District Health Officer No. 10

Obituary File Number 2-44-1295

Date Filed JUL 11 1944

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.....

*Frank W. Hulse*

Licensed Embalmer No. ....

4263

P. O. Address.....

Centers Md

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, above space should be left blank.