

FILED JAN 10 1945
Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
408 W. Market
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 50 Yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. 408 W. Market
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 17

3. (a) PRINT FULL NAME Samuel Harrison Hendrix

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

4. Sex Male Color or race Negro 5. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased July 10 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 8 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

12. Name Harrison Hendrix
13. Birthplace Unknown Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Hyter
(b) Address Warrensburg, Mo.
17. (a) Burial (b) Date thereof 12-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill
18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg, Mo.
19. (a) Dec 19 1944 (b) Leola M Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1944 hour 12:30 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 11 1944 to Dec 18 1944
that I last saw him alive on Dec 18 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Due to arteriosclerosis

Other conditions 92a
(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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Wm Patterson (M. D. or other)
Address Warrensburg Mo Date signed 12-20-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *J. Earl Priest*

Licensed Embalmer No..... **3878**

P. O. Address..... **Warrensburg, 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.