S. No. 2
M—2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2499

FILED JAN 21 1946

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether

In this community 9 Yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City MO 5 (If outside city or town limits, write "RURAL")

(d) Street No. 527 Rear West High St. 4 (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Cecil Elzina Hendrix

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leonard E Hendrix

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased June (Month) 30 (Day) 1911 (Year)

8. AGE: Years 34 Months 6 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Chandler
13. Birthplace Unknown (City, town, or county) Illinois 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 6 (State or foreign country)

16. (a) Informant Leonard E Hendrix 1

(b) Address 527 Rear West High J.C. MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 13 (Day) 46 (Year)

(c) Place: burial or cremation New Salem Cemetery

18. (a) Signature of funeral director Wm C. Burnett

(b) Address Ashland Mo.

19. (a) 1-9-46 (Date received local registrar) (b) R. P. Dorris MD (Registrar's signature) MR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1946 hour 10 minute 05 P.M.

21. I hereby certify that I attended the deceased from 1/1/46, 19 to 1/9, 1946, that I last saw her alive on 1/9, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Bronchial	2 days
Due to Pulmonary tuberculosis	6 m
Due to	
Other conditions (Include pregnancy within 3 months of death) 13b	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H Kanagawa (M. D. or other) M.D.

Address 1 Dallmeyer Bldg Date signed 1/11/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 1-18-46

FEB 6 1946

JAN 24 1946

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 LeRoy Claypool, Registered Apprentice No. 374, working under my personal supervision.

Signed Wm C. Burnett

Licensed Embalmer No. 3567

P. O. Address Ashland, Miss.

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.