

S. No. 2
M-2-43
5-17-39
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29
State File No. 9075
Registrar's No. 259

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 8 1946

Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:
(a) County Greene Missouri
(b) City or town Springfield
(c) Name of hospital or institution: 757 N. Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community None
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield,
(If outside city or town limits, write "RURAL")
(d) Street No. 757 N. Prospect
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOSEPH FRANCIS HENDRICKS
3. (b) If veteran, name war UNK. 3. (c) Social Security No. UNK.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 17
year 1946 hour 12 minute 45 A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sudie F. Hendricks
6. (c) Age of husband or wife if alive UNK. years
7. Birth date of deceased November 3, 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-16-1946 to 3-17-1946
that I last saw him alive on 3-17-1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
68 4 14 hr. min.

Immediate cause of death
Organic heart lesion
(Mythral Regurg)
Due to
Due to
Other conditions (include pregnancy within 3 months of death)

9. Birthplace Ollman, Missouri (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired

PHYSICIAN
Major findings: Of operations
Of autopsy gjk
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business
12. Name Issac Wilson Hendricks
13. Birthplace Pennsylvania UNK. Penn. (State or foreign country)
14. Maiden name Amelia Pierce
15. Birthplace Wilkesboro, N. Carolina (State or foreign country)

16. (a) Informant Sudie F. Hendricks
(b) Address 757 N. Prospect, Spfld, Mo.
17. (a) Burial (b) Date thereof Mar. 19, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gott Cem. Ullman, Mo.

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?

18. (a) Signature of funeral director Alma Lohmeyer Funeral
(b) Address 534 St. Louis St., Spfld, Mo.
19. (a) 3-18-46 (b) Dr. W.S. Handley
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature W. H. Kelly (M. D. or other)
Address Springfield, Mo. Date signed 3-18-46

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..... *C. A. Paul*

Licensed Embalmer No..... *3044*

P. O. Address..... *Springfield, 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.