

No. 2  
1-5-43  
5-17-39  
I X36671

State File No. ....

**FILED** JUN 28 1946  
Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

**1. PLACE OF DEATH:**

(a) County Newton

(b) City or town Rural  
(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 Missouri (b) County Newton 73

(c) City or town Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country.....

**3. (a) PRINT FULL NAME** Maltilda Elizabeth Hendricks son

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex female / 5. Color or race white

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

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

7. Birth date of deceased July 26 1856  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 27th  
year 1946 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from July 1, 1946, to May 27, 1946  
that I last saw him alive on May 25, 1946  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>10</u>	<u>1</u>	hr. .... min.

Immediate cause of death.....  
Old age - completely worn out

Duration.....

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

10. Usual occupation housewife

11. Industry or business.....

12. Name Mattison Pigg

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Mihala Evans

15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

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

16. (a) Informant Mrs. Willis Eaton

(b) Address Stella, Missouri

17. (a) Burial (b) Date thereof 5-30-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jones Chapel Cemetery

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Casaville, Missouri

19. (a) 7-14-46 (b) Alpha Rizer  
(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?.....

(Specify type of place)

While at work?..... (e) Means of injury..... 0

23. Signature J. E. McDonald (M. D.)  
Address Stella, Mo Date signed 6/3/46

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

1985

---

---

**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 Margaret Culver  
Licensed Embalmer No. 4389  
P. O. Address Cassville

**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.**

Registration District No. 243 Primary Registration District No. 5831

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Rural  
(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 Newton

(c) City or town Rural  
(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 Mattilda E. Hendrickson

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 27 Year 1946 Hour 12 minute 00 M.

21. I hereby certify that I attended the deceased from..... to.....  
that I last saw him..... alive on.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife.....

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

7. Birth date of deceased July 26 1899  
(Month) (Day) (Year)

8. AGE: Years 89 Months 1 Days 1 If less than one day.....hr. ....min.

9. Birthplace St. Louis, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business Housewife

12. Name Mattie Ann Peggy

13. Birthplace St. Louis, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Ann Egan

15. Birthplace St. Louis, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Willie Eaton

(b) Address St. Louis, MO

17. (a) (Burial, cremation or removal) James Chapel Cemetery

(b) Date thereof 6-30-46  
(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director James Funeral Home

(b) Address St. Louis, Mo

19. (a) 7-14-1946 (Date received local registrar)

(b) Alpha Dyer (Registrar's signature)

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

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?.....

While at work?.....  
(Specify type of place)

(e) Means of injury.....

23. Signature J. F. Edmondson (M.D. or other).....

Address St. Louis, MO Date signed 6-3-46

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

SUPPLEMENTARY

MOTHER FATHER

21018