

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
7 1946  
128

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33272  
857  
Registrar's No.

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution: Burge Hospital  
(d) Length of stay: In hospital or institution 1 day  
In this community 1 day

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Taney  
(c) City or town Ponce De Leon  
(d) Street No.  
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Nancy Lou Hendrix  
(b) If veteran, name war  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct 22 day 1946  
hour 2 minute 35 a.m.  
21. I hereby certify that I attended the deceased from October 21, 1946, to October 22, 1946, that I last saw her alive on October 21, 1946, and that death occurred on the date and hour stated above.

4. Sex f. 5. Color or race w.  
6. (a) Single, widowed, married, divorced  
6. (c) Age of husband or wife if alive years

Immediate cause of death Paroxysmal Tachycardia  
Duration 2 hours  
Due to  
Due to

7. Birth date of deceased Oct 13 46  
(Month) (Day) (Year)

Other conditions Pulmonary Atelectasis  
Major findings: Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

8. AGE: Years 0 Months 0 Days 9 If less than one day hr. min.

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

10. Usual occupation  
11. Industry or business  
12. Name James W. Hendrix  
13. Birthplace Ponce De Leon Mo.  
14. Maiden name Gladys Blansit  
15. Birthplace Walnut Shade Mo.

16. (a) Informant Father  
(b) Address above  
17. (a) Burial (b) Date thereof Oct 23 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ponce De Leon  
18. (a) Signature of funeral director J. N. Maple  
(b) Address C. Lewis Mo  
19. (a) 10-23-46 (b) Mrs Hendley MD  
(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?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature Thurion Harris (M. D. or other)  
Address Springfield, Mo. Date signed 10/23/46

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

01210

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**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.W. Maple*.....  
Licensed Embalmer No. *2985*.....  
P. O. Address..... *Clear 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.

*x*