

S. No. 2
DM-5-42
v. 5-17-39
X32873

14030

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 2 1947

Registration District No. 426

Primary Registration District No. 5-65-5

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Ashgrove R.F.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Byant T.
(If not in hospital or institution, write street number and location)
(d) Length of stay: 1 in hospital or institution. (Specify whether
In this community 33 years. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Ashgrove (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Byant T.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frankline Lee Hendricks

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Naomi Jane Hendricks 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased July 11 1864 July 8 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 7 28 hr. min. 0

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Joseph W Hendricks

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

14. Maiden name Mary Kerr

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

16. (a) Informant Edith Hendrickeon

(b) Address Ash Grove R.F.D. 8

17. (a) burial (b) Date thereof 3-3-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kerr Cemetery

18. (a) Signature of funeral director R. E. Thurman

(b) Address Republic Mo.

19. (a) 3-3-1947 (b) W. S. Burman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th
year 1947 hour 3 minute 30 M.

21. I hereby certify that I attended the deceased from August 13
1946 to Feb 3, 1947
that I last saw him alive on Feb 3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic Myocarditis

Due to cardiac degeneration
hypertensive

Other conditions (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? _____
(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 place of place) (Means of injury)

23. Signature W. S. Burman (M. D. or other)
Address Republic Mo. Date signed 3-2-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6;

District File Number 447-505

Date Filed APR 29 1947

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

PE [Signature]

Licensed Embalmer No. 508

P. O. Address Retired 93

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.