o. 2
/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44729

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 30

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

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1229 North Clay
(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 Vernon 108
(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1229 North Clay 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

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

4. Sex Fm
5. Color or race W
6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ 1
6. (b) Name of husband or wife James Edward Hendrix
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 1 (Day) 1875 (Year)

8. AGE: Years 72 Months 9 Days 12 If less than one day hr. ✓ min.

9. Birthplace Milford (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William Bowling Rector
13. Birthplace Bowling Green, Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Jane Barnsby
15. Birthplace Indian Territory Okla (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Bessie Hendrix
(b) Address 531 West Lee
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 15-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Moore Cemetery
18. (a) Signature of funeral director Terry Funeral Home
(b) Address Nevada, Missouri
19. (a) 2-20-48 (Date received local registrar) (b) Kathryn Vaughn (Registrar's signature) 201

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13 year 1947 hour 3 minute 5 P.M.

21. I hereby certify that I attended the deceased from Dec 10 1947 to Dec 13 1947 that I last saw her alive on Dec 11 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Dec 10 1947
Due to: Hypertension	Dont Know
Due to: ✓	
Other conditions: age (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: none	

83A

PHYSICIAN
Underline the cause of 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 0

23. Signature W. Love MD (M. D. or other)
Address Nevada, Mo Date signed 12/20/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-48-120
Date Filed 1-25-48

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 L. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada, Maine

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.