

FILED JUN 29 1948

Registration District No. 360

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

21964

Primary Registration District No. 3076

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Verde
 (b) City or town Nevason
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
531 West Lee
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community Some time
 years, months or days)

3. (a) PRINT

FULL NAME James Edgure Hendrix

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

4. Sex M 5. Color or race N
 6. (a) Single, widowed, ~~married~~, divorced 2
 6. (b) Name of husband or wife Seen May 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased August 22 1871
 (Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 9 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business

12. Name John Henry Hendrix
 13. Birthplace W. Virginia
 (City, town, or county) (State or foreign country)
 14. Maiden name Jessie Bar
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beanie Hendrix

(b) Address 531 W. Lee, Nevada, Mo

17. (a) Beanie (b) Date thereof June 3 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Cemetery

18. (a) Signature of funeral director Henry James

(b) Address Nevada, Missouri

19. (a) 6-22-48 (b) Walter J. Yensen
 (Date received local registrar) (Registrar's signature) 5311

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Verde
 (c) City or town Nevason 108
 (If outside city or town limits, write "RURAL") 1
 (d) Street No. 531 West Lee 2
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
 year 1948 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from
May 1, 1948, to May 31, 1948
 that I last saw him alive on May 30, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage 1 wk
 Duration

Due to _____

Due to _____

Other conditions: Old age
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none

Of autopsy none

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 W. J. Yensen (M. D. or other)
 Address Nevada, Mo Date signed June 2/48

RECEIVED

District Health Officer No.

District File Number 5-48-69

Date Filed 6-28-48

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Mike G Ferry

Licensed Embalmer No. 1432

P. O. Address Nevada 7th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.