FILED APR 23 1949

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12595

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1538

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 6 Wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Warrensburg Mo
d. STREET ADDRESS (If rural, give location): 417 No. College

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): W
c. (Last): Nendrix

4. DATE OF DEATH (Month) (Day) (Year): April 4 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 4 1864
9. AGE (In years last birthday): ~~85~~ 84 — IF UNDER 1 YEAR: Months ~~4~~ Days ~~10~~ — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Dispatcher
10b. KIND OF BUSINESS OR INDUSTRY: Street Railway
11. BIRTHPLACE (State or foreign country): Chillicothe Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George W Nendrix
13b. MOTHER'S MAIDEN NAME: Mary Swetnam
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Mrs. C. A. Harrison — ADDRESS: Warrensburg Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c) 4222

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Autopsy was refused
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22, 1949, *to* April 4, 1949, *that I last saw the deceased alive on* April 4, 1949, *and that death occurred at* 5:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE R. Lee Hoffman (Degree or title): R Lee Hoffman MD
23b. ADDRESS: 1019 Professional Bldg
23c. DATE SIGNED: 4/5/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 6 1949
24c. NAME OF CEMETERY OR CREMATORY: Sunset Hill
24d. LOCATION (City, town, or county) (State): Warrensburg Mo.

DATE REC'D BY LOCAL REG.: 4-6-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Ray Phillips Fuel Home — ADDRESS: Warrensburg Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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

Student Embalmer No. .....

working under my personal supervision.

Signed Ray Phillips

Licensed Embalmer No. #2320

Signed .....
Student Embalmer

P. O. Address Warrensburg 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.