

S. No. 2  
M-544  
5-17-37  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22245

FILED JUL 14 1943

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Rayville Mo.  
(c) Name of hospital or institution Rayville Mo. Hospital  
(d) Length of stay: In hospital or institution all his life  
In this community all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray  
(c) City or town Rayville Mo.  
(d) Street No. Rural  
(e) Citizen of foreign country? No.  
If yes, name country U.S.A.

3. (a) PRINT FULL NAME Huston S. Hendrix

3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife May F. Clark Hendrix  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 12  
If less than one day hr. min.

9. Birthplace Ray Co. Mo. (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

12. Name John B. Hendrix  
13. Birthplace Tenn. (State or foreign country) 0  
14. Maiden name Martha Stone  
15. Birthplace Tenn. (State or foreign country) 0

16. (a) Informant Chas. Stone  
(b) Address Rayville Mo.  
17. (a) Burial (b) Date thereof 6-27-43  
(c) Place: burial or cremation Crowley Care

18. (a) Signature of funeral director J. B. Beathus  
(b) Address Rayville Mo.

19. (a) June 26 43 (b) Chas. W. Shepard  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
year 1943 hour — minute — M.  
21. I hereby certify that I attended the deceased from June 1 to June 25 1943  
that I last saw him alive on June 15 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to arterio Sclerosis  
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 type of place) (e) Means of injury  
23. Signature E. G. Gray (M. D. or other)  
Address Rayville Mo. Date signed 6-26-43

PHYSICIAN  
Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No: 8,

District File Number

Date Filed

7-13-43

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.....

working under my personal supervision.

*J. B. Brothus*

Registered Apprentice No.....

*Brothus Funeral Home.*

Signed.....

*J. B. Brothus*

Licensed Embalmer No. *2001*

P. O. Address *Richmond 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.