

RECD OCT 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31261
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Rox Primary Registration District No. 1002
 (c) City Kansas City, Mo (d) Street No. Children's Mercy Hospital Registered No. 3558
 (If death occurred in Hospital or Institution, write its name instead of Street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Morene Hendrix 531

(a) Residence, No. Richmond, Mo R.R.#3 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/10-27-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
12 3 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Student
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

FATHER 13. NAME Austin Hendrix

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly Mo

MOTHER 15. MAIDEN NAME Margaret York

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill

17. INFORMANT Austin Hendrix
 (ADDRESS) Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Knopville Mo DATE Sept. 12, 1938

19. FUNERAL DIRECTOR C. Thurman
 (ADDRESS) Richmond Mo

20. FILED Sept. 11, 1938 M.M. Rowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1938, to Sept. 11, 1938
 I last saw her alive on Sept. 11, 1938. Death is said to have occurred on the date stated above, at 7:20 p. m.
 The principal cause of death and related causes of importance were as follows:

Myocardial
Bacterial endocarditis
Emphysema
lung. Non tuberculous
 Date of onset _____

Other contributory causes of importance:
Toxic edema brain
Toxic degeneration of
renal organs.

Name of operation _____ Date of 9-10-38
 What test confirmed diagnosis? Spinal puncture Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) N.B. Soderberg M. D.
 (Address) 5017 W. 94th St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
.....L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)