N.B. Every item of information should be given. Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified.

JAN 28 1937

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

Do not use this space.

43704

1. PLACE OF DEATH
County: Barry — Registration District No.: 32
Township: — Primary Registration District No.: 3003
City: Monett (No. ..... St. ..... Ward)

File No.:
Registered No.: 53

2. FULL NAME: Francis Marion Hendricks

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED
X HUSBAND OF (OR) WIFE OF: Mrs Fannie Hendricks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 12-1867

7. AGE: ~~69~~ Years: 69 Months: 11 Days: 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
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): Lakeside Mo Lawrence County

FATHER
13. NAME: not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

MOTHER
15. MAIDEN NAME: " "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT: Ray Hendricks
(ADDRESS) 700 Central - Monett Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lawrence Co DATE: 12-17-1936

19. UNDERTAKER: Callaways
(ADDRESS) Monett Mo

20. FILED 12-16-1936 W. M. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1936, to Dec 15, 1936
I last saw him alive on Dec 15, 1936. Death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion — Date of onset: Dec 8-1936

Other contributory causes of importance:
None known.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Ernest Mitchell, M. D.
(Address) Monett Mo.