

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

**39810**

Do not use this space.

**1. PLACE OF DEATH**

(a) County Howell Registration District No. 385  
 (b) Township 1 Primary Registration District No. 4228 Registered No. \_\_\_\_\_  
 (c) City Willow Springs (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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**

536 Matilda Angeline Hendricks  
 (a) Residence, No. Willow Springs - Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert H. Hendricks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 - 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
97 8 18

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. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Richland (STATE OR COUNTRY) Missouri

FATHER 13. NAME Wm Gillispie

14. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME Polly Ballou

16. BIRTHPLACE (CITY OR TOWN) North Carolina (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Mrs. W. H. King  
Willow Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richland, Mo. DATE 11-21-1939

19. FUNERAL DIRECTOR (NAME) Hosp. Undertaking (ADDRESS) Crocker Bros.

20. FILED 11-21-1939 Nettelle Ferguson Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20-1939

22. I HEREBY CERTIFY, That I attended deceased from 9-26-1939 to 10-20-1939

I last saw her alive on 11-18-1939. Death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

Date of onset 11-18-39

Other contributory causes of importance:

Gen'l. Arteriosclerosis  
Senility

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No  
 If so, specify \_\_\_\_\_

(Signed) W. J. Callahan, M. D.  
 (Address) Willow Springs, Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District No. 1239452

Date Filed 12.8.39

Signed

*Paul B. Hoops*

Licensed Embalmer No. 3261

P. O. Address Brookline, 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, above space should be left blank.