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

Do not use this space.

9667

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No.

Township Primary Registration District No. 1001 Registered No. 374

City St. Joseph (No. 2211 So. 16th Street St. Ward)

2. FULL NAME James Hendrickson

(a) Residence. No. 2211 So. 16th Street St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 16, 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	80	1	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indianna

PARENTS

10. NAME OF FATHER John Hendrickson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Hatton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana

14. INFORMANT Hershel B. Hendrickson
(Address) 2211 So. 16th Street

15. FILED MAR 20 1929 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1929, to Mar 19, 1929 that I last saw him alive on Mar 19, 1929, and that death occurred, on the date stated above, at 9-30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Bowels

45

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Gen Symptoms

(Signed) Blanche B. Renwick, M.D.

Mar. 20, 1929 (Address) St. Joseph - Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Lee Summitt Mo.	Mar. 21 1929
20. UNDERTAKER	ADDRESS
H. O. Sichenfaden	1802 Union 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.