

DEC'D JUL 20 1939

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

22752

Do not use this space.

1. PLACE OF DEATH

(a) County Houlihan 2 Registration District No. 5915789
(b) Township Putnam 1 Primary Registration District No. 4349
(c) City (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 Carrie Hendricks

(a) Residence, No. 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 <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George W. Hendricks</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 13 1872</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>11</u>
	DAYS <u>22</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House wife</u>	
	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) (STATE OR COUNTRY) <u>Bushfield Mo.</u>		
FATHER	13. NAME <u>Wilder Riche</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maine</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Louney</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Quincy Ill.</u>	
17. INFORMANT (ADDRESS) <u>W. C. Cloman</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Middleton</u> DATE <u>June 7 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Frank J. Riche</u> <u>Middleton Mo.</u>		
20. FILED <u>6/6</u> 1939 <u>Local Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5th 1939

22. I HEREBY CERTIFY That I attended deceased from Apr 1st 1939 to June 5th 1939
I last saw her alive on June 5th 1939. Death is said to have occurred on the date stated above, at 1:35 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Head of Pancreas
Hb
Other contributory causes of importance:
Diabetes Mellitus

Name of operation Date of
What test confirmed diagnosis? biopsy 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) A. J. Riche M. D.
(Address) Middleton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

H. G. Grainger

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

H. G. Grainger

Licensed Embalmer No.

1297

P. O. Address.....

Laddonia, 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.