

LEAD AUG 7 1939

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

24575
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 2788
(c) City Kansas City (d) Street No. 5036 East 9th 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

(a) Residence, No. 5036 E 9th 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 Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora Hendrick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS 83 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) Ill.

FATHER 13. NAME John Hendrick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass

MOTHER 15. MAIDEN NAME Ann Link

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebr

17. INFORMANT (ADDRESS) Ben H Hendrick
5036 E 9th

18. BURIAL, CREMATION, OR REMOVAL PLACE Fremont, Nebr DATE 7/1/39 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rose Henderson
15 1/2 Jackson

20. FILED July 11, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 3 1939 to July 10 1939
I last saw him alive on July 10 1939. Death is said to have occurred on the date stated above, at 5:55 A. M.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis + Renal Pelvic sclerosis 131
Other contributory causes of importance:
Cardiac hypertrophy with acute dilatation + decompensation

Name of operation none 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 x
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Chas. L. Peery, M. D.
(Address) 900 Genoa

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.

X14023

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.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.