

FEB 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1445

State File No.

405

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1315 East 14th St., 2nd W. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community less than 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114
(c) City or town Hartville
(If outside city or town limits, write "RURAL") 0
(d) Street No. rural
(If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME CHARLES HENDRICKS

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura Hendricks 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased December 22, 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 5 If less than one day
hr. min.

9. Birthplace Ash Grove Missouri 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Daniel Hendricks
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Hendricks

(b) Address 1315 East 14th St., 2nd W.

17. (a) removal (b) Date thereof 1/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hartville, Mo.

18. (a) Signature of funeral director Shelton Bros.

(b) Address 1729 Lydia

19. (a) Jan 28 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 1-27-41
year _____ hour _____ minute _____ M.

21. I hereby certify that I examined the deceased from 4:15 a.m.
to _____ to _____, 19____;

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Acute pulmonary edema
Hypertrophy of the heart
Chronic aortic valvulitis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy lye

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury 3

23. Signature M. M. Crowe (M. D. or other) _____
Address H. L. Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Isaac Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address *11206 23rd St*

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, fact should be so stated above.