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13-40
17-39
X23159

Registration District No. 395

Primary Registration District No. 5551A

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Blue Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 40 Highway + T.H.W. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ life _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo
(b) County Jackson 48
(c) City or town Blue Springs (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 mi South
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME William Hendricks

3. (b) If veteran, name war _____ 3. (c) Social Security No. 49-1622

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 5 1911 (Month) (Day) (Year)

8. AGE: Years 30 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Blue Springs Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Watson Hendricks

13. Birthplace Auhler Mo (City, town, or county) (State or foreign country)

14. Maiden name Gore

15. Birthplace Blue Springs Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ora Hendricks (b) Address Blue Springs Mo

17. (a) Burial (b) Date thereof 15-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fox Country - B.S. - Mo
18. (a) Signature of funeral director Russell
(b) Address Blue Springs Mo
19. (a) Day 15-1941 (b) Katherine Pouse (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 13-41 year 8 hour minute 12 1/2 P.M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Crushing Injury of Heart
Due to Automobile Fracture
Due to Pedestrian
Other conditions (Include pregnancy within 3 months of death) 17 DC

Major findings: Of operations _____ Of autopsy _____

Duration
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) Accidents
(b) Date of occurrence 5-13-41
(c) Where did injury occur? Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 369
While at work? (Specify type of place) (e) Means of transport
23. Signature Russell (M. D. or other) 3
Address 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..... *R B Birbb*

Licensed Embalmer No. *2353*

P. O. Address..... *Blue Springs*

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.