No. 2
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17-39
X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18642

Registration District No. 668 | Primary Registration District No. 3032 | Registrar's No. 185

1. PLACE OF DEATH:

(a) County: Pettis

(b) City or town: Sedalia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bothwell Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Pettis

(c) City or town: Sedalia (If outside city or town limits, write "RURAL")

(d) Street No.: 801 E 10 (If rural, give location)

(e) Citizen of foreign country? No ~~(Yes or No)~~ If yes, name country ____

3. (a) PRINT FULL NAME: Annie L. Hendricks

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

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

6. (b) Name of husband or wife: Robert A. Hendricks 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: May (Month) 28 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
61	11	26	____ hr. ____ min.

9. Birthplace: Miller Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business ____

FATHER 12. Name: John F. Buster

FATHER 13. Birthplace: Miller Co (City, town, or county) Mo (State or foreign country)

MOTHER 14. Maiden name: Rose Ann Lawson

MOTHER 15. Birthplace: Miller Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Gladys Hendricks

(b) Address: Sedalia Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 26, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Crown Hill

18. (a) Signature of funeral director: McLaughlin Bros

(b) Address: Sedalia Mo

19. (a) 5/26/41 (Date received local registrar) (b) Mrs Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1941 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from March 1, 1941, to May 24, 1941, that I last saw her alive on May 24, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Angina pectoris	
Due to: myocarditis	
Due to: arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Gordon Scaffidi (M. D. or other) DVM

Address: Sedalia Mo Date signed 5-25-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number ----------
Date Filed 6-11-41

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Kealakekua

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.