DEPARTMENT OF COMMERCE
(Bureau of the Census)

FILED NOV 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34434

Registration District No. 89 | Primary Registration District No. 3007 | Registrar's No. 423

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

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff C. L.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none /
(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 ..... (b) County: 12

(c) City or town: 7
(If outside city or town limits, write "RURAL")

(d) Street No.: 3
(If rural, give location)

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

3. (a) PRINT FULL NAME: Robert Ira Hendrickson Jr.

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male

5. Color or race: W

6. (a) Single, widowed, married, divorced: D

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: 11 (Month) - 8 (Day) 41 (Year)

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

9. Birthplace: Poplar Bluff (City, town, or county) Mo (State or foreign country)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Ira Robert Hendrickson
13. Birthplace: Butler Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: Lily Agnes Lane
15. Birthplace: Butler Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Ira Robert Hendrickson
(b) Address: 940 Harper.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-9-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Cane Creek

18. (a) Signature of funeral director: None - father
(b) Address .....

19. (a) 11-9-41 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9 year ..... hour 4 minute A M.

21. I hereby certify that I attended the deceased from 11-8 1941, to 11-9 1941, that I last saw him alive on 11-8 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Premature Infant - 7 mo.	
Due to: Multiple Pregnancy and Polyhydramnion.	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 19
Of autopsy: 5

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: —

23. Signature: C. A. Brockman (M. D. or other) MD
Address: Poplar Bluff Mo Date signed: 11-9-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1141-1573
Date Filed 11/24/41

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.....

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, fact should be so stated above.

. S. No. 2B
DM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34434

Registration District No. 89 Primary Registration District No. 3807 Registrar's No.

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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: Missouri (b) County: Butler
(c) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No.: 940 Harper
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Robert J. Hendrickson Jr.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: 11 (Month) 8 (Day) 41 (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
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?
While at work? (Specify type of place) (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY