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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 16 1942  
Registration District No. 467474

Primary Registration District No. 5638

Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County... Lawrence Co.

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

(c) Name of hospital or institution: 1  
(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... Nearly all his life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Lawrence 55

(c) City or town... Halltown  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME... Frank H. Thomas Hendrickson

3. (b) If veteran, name war... no

3. (c) Social Security No... no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... January day... 23  
year... 1942 hour... 10 minute... 10 A. M.

4. Sex... male

5. Color or race... white

6. (a) Single, widowed, married, divorced... Widowed

6. (b) Name of husband or wife... Elizabeth

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

7. Birth date of deceased... March 1873  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	68	10	14	hr. _____ min.

Immediate cause of death

Due to... Internally injuries

9. Birthplace... Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation... farmer & stockman

Due to... Being hit by a car while crossing high way 66

Other conditions (Include pregnancy within 3 months of death)... Halltown

11. Industry or business

12. Name... Johnathon Hendrickson

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

14. Maiden name... unknown

15. Birthplace... unknown  
(City, town, or county) (State or foreign country)

Major findings: Of operations... 17DC-8

Of autopsy... 21

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant... W. P. Hendrickson

(b) Address... Mt. Vernon, Mo.

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

(c) Place: burial or cremation... Gricket Cemetery

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

(a) Accident, suicide, or homicide (specify)... Accident

(b) Date of occurrence... Jan. 23, 1942 055

(c) Where did injury occur?... Halltown Lawrence Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place high way 66  
(Specify type of place) (e) Means of injury... auto. injuries

18. (a) Signature of funeral director... Fossitt Funeral Home

(b) Address... Mt. Vernon, Mo.

19. (a) Jan 23 (b) Eludogh L. Morris  
(Date received local Registrar) (Registrar's signature)

23. Signature... Edwin Welke R. (M. D. or other) Cohen

Address... Pierce City Mo. Date signed... 1-28-42

1182 (Licensed Embalmer's Statement on Reverse Side)

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**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 H D Lassett

Licensed Embalmer No. 2201

P. O. Address 101 Vernon Ave

**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.**