No. 2
9-4-41
-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5381

FILED MAR 9 1942 399

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 451

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

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: Research Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days, (Specify whether
In this community 55 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson, 48

(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 801 East Armour Boulevard, 8
(If rural, give location)

(e) Citizen of foreign country? x (Yes or No)

If yes, name country x 0

3. (a) PRINT FULL NAME Mrs. Mary Andrews Hendrick,

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed, 2

6. (b) Name of husband or wife William Howe Hendrick,

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

7. Birth date of deceased March (Month) 17th (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	10	14	hr. min.

9. Birthplace Kentucky, (City, town, or county) 1 (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name Robert D. Andrews,
13. Birthplace Kentucky, (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Amy Thompson,
15. Birthplace Alabama, (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs. Alice Hendrick Bush,
(b) Address 801 East Armour, Kansas City, Mo.

17. (a) Removal, (Burial, cremation, or removal) (b) Date thereof 2-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation Maysville, Kentucky,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-2-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31 day January year 1942 hour 8:35 minute A. M.

21. I hereby certify that I attended the deceased from 1. 8. 42 1. 31, 1942, to 19 ; that I last saw her alive on 1. 31. 1942 and that death occurred on the date and hour stated above.

Immediate cause of death:	Duration
Carcinoma Oesophagus	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

46a

X-ray findings typical

Major findings: Of operations Extensive retroperitonal glands.

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 Harry C. Lapp (M. D. or other) M.D.

Address 1103 Grand Date signed 2.2.42

361 (Licensed Embalmer's Statement on Reverse Side)

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 Felix Renz

Licensed Embalmer No. 4127

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.