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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

40939

State File No. _____

Registration District No. 150 — Primary Registration District No. 5572 — Registrar's No. 135

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Rural Prairie (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Emergency Hosp O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hr (Specify whether years, months or days)
In this community 2 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Greenwood (If outside city or town limits, write "RURAL")
(d) Street No.: 4 mi E. (If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME: Tennie Hendricks
3. (b) If veteran, name war: no
3. (c) Social Security No.: no

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Oscar H. Hendricks
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: June (Month) 15 (Day) 1879 (Year)

8. AGE: Years 63 Months 5 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace: Ulman (City, town, or county) Mo O (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Home
FATHER
12. Name: Brad Beard
13. Birthplace: Unknown (City, town, or county) Va (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Sophia Boone
(b) Address: 7530 Penn KC Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Ulman Mo
18. (a) Signature of funeral director: N. B. Langford
(b) Address: Lee's Summit Mo
19. (a) Dec 8, 1942 (Date received local registrar) (b) F. M. Schick By Effie Schick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9 year 42 hour 12:45 minute P. 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.

Immediate cause of death: Arteriosclerotic heart disease
Due to: 9 3d
Due to: _____
Other conditions: _____ (Include pregnancy within 3 months of death)
Major findings: Of operations: _____ Of autopsy: Inspection & history

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)
(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: O. F. Peck (M. D.) Address: Lees Summit Date signed 12/10/42

(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 W. B. Langsford

Licensed Embalmer No. 5833

P. O. Address Lees Summit, 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.