S. No. 2
M—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7215

State File No.

Registration District No. 2 [illegible]

Primary Registration District No. 3052

Registrar's No. 42

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 4 weeks (Specify whether
In this community 7 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80 6

(c) City or town Sedalia 4
(If outside city or town limits, write "RURAL")

(d) Street No. 206 East 5th
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Francis S. Asbury Hendricks

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 3 (Day) 1860 (Year)

8. AGE: Years 82 Months 9 Days 30 If less than one day hr. min.

9. Birthplace [illegible] (City, town, or county) 9 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business BROWN-NURSERY Co

FATHER
12. Name Do Not Know
13. Birthplace Do Not Know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Do Not Know
15. Birthplace Do Not Know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Jennie Hilligoss

(b) Address Sedalia, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2 - 3-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Rutledge, Missouri

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

(b) Address Sedalia, Missouri

19. (a) 2-2-43 (Date received local registrar) (b) Mr Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day February year 1943 hour 3 minute 30 P M.

21. I hereby certify that I attended the deceased from Jan 3rd 1943 to Feb 2nd 1943 that I last saw him alive on Feb 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Septic chronic Broncitis

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

106a

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 Cord Bohling (M. D. or other)

Address Sedalia Mo Date signed 2-2-43

102a (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
istrict Health Officer No. 8,
...ict File Number.....
Filed 3-4-43

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 Sedalia Mo

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.