S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13213

Registrar's No. 1883

FILED MAY 6 1949

Local Registration District No. 49

Primary Registration District No. 1002.

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: 322 East 40th Street, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 40 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City, 8
(If outside city or town limits, write "RURAL")

(d) Street No. 322 East 40th Street,
(If rural, give location)

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

3. (a) PRINT FULL NAME Frederick G. Hendrickson,

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

3. (c) Social Security No. 486-05-4223

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Marie Hendrickson

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

7. Birth date of deceased July (Month) 11 (Day) 1877 (Year)

8. AGE: Years 65 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Sweden (City, town, or county) 4 (State or foreign country)

10. Usual occupation Employee

11. Industry or business The Kansas City Star

FATHER
12. Name John Johnson,
13. Birthplace Sweden (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Marie Wolfstrom,
15. Birthplace Sweden (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs. Marie Hendrickson,
(b) Address 322 E. 40th, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery

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

19. (a) 4-21-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20th year 1943 hour 10:15 minute a. M.

21. I hereby certify that I attended the deceased from Aug 1, 1942 to April 20, 1943 that I last saw him alive on April 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to 94a	
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? (Specify type of place)
While at ~~work?~~ (e) Means of injury

23. Signature George C. Lee (M. D. ~~or other~~)
Address 1630 Prof Bldg Date signed 4/20/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. George Lee

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: J Clair Shepard

Licensed Embalmer No. 4179

P. O. Address K. C. MW.

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.