

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **43178**

FILED DEC 30 1943

Registration District No. **2**Primary Registration District No. **4366**Registrar's No. **34**

1. PLACE OF DEATH:

(a) County **Newton**
 (b) City or town **Granby**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Granby MO.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **35 Yrs,**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**
 (c) City or town **Granby**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Granby MO.**
(If rural, give location)
 (e) Citizen of foreign country? **NO.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Mary Elizabeth Hendrickson,**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Jan, 31 1861**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 - 8 21 hr. min.

9. Birthplace **Albany New York**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeping**

11. Industry or business _____

12. Name **Adolph Staffen**
 13. Birthplace _____ **Germany** 4
(City, town, or county) (State or foreign country)
 14. Maiden name **Hickey Wolf,**
 15. Birthplace _____ **Germany** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Martha Kennedy**
 (b) Address _____ **Granby MO.**

17. (a) **Burial** (b) Date thereof **10-24-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Granby MO.**

18. (a) Signature of funeral director **Chas. W. Williams**
 (b) Address **Goodman mo**

19. (a) **Nov. 10 1943** (b) **Lulu Norwood**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct,** day **21st,**
 year **1943** hour **10** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **Feb 12**
 19**42** to **Oct 19** 19**43**
 that I last saw her alive on **Oct 19** 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death:
Myocardial Degenerative change 6 Mo

Due to _____
 Due to _____

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

Major findings:
 Of operations _____

Of autopsy _____

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?

While at work? _____
(Specify type of place) (c) Means of injury

23. Signature **Charles O. Christy** M. D. or other _____
 Address **Granby mo** Date signed **Oct 23 1943**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1149

RECEIVED

District Health Officer No. 12-25-43

District File Number 12-23-233

Date Filed 12-20-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.