

FILED FEB 14 1944

State File No.

Registration District No. 3911

Primary Registration District No. 4023 4030

Registrar's No. 1

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Golden City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 80 years _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Golden City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SUSANNAH R. HENDRICKS
(b) If veteran, name war ✓
(c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 18th
year 1944 hour 5⁰⁰ minute 0 M.
21. I hereby certify that I attended the deceased from January 6th
to January 18th, 1944,
that I last saw her alive on January 18th, 1944,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Chas. H. Hendricks
6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased: December 20 1854
(Month) (Day) (Year)

Immediate cause of death
Chronic myocarditis
myocardial degeneration
arteriosclerosis
Other conditions (Include pregnancy within 3 months of death) 93d
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years 89 Months 38 If less than one day
hr. _____ min. _____
9. Birthplace Mound Station, Ill.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation housewife
11. Industry or business _____
12. Name Silas Renfro
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Mahuron
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ellen Bishop
(b) Address Golden City, Mo.
17. (a) Burial (b) Date thereof Jan. 20, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Cem.
18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Golden City, Mo.
19. (a) Jan. 19, 1944 (b) Allice Ketterlund
(Date received local registrar) (Registrar's signature)

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 Hubert Kuepp (M. D. or other) _____
Address Golden City, Mo. Date signed 1/19/44

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

RECEIVED

District Health Officer No. 6,

District File Number 244-174

Date Filed FEB 11 1944

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. H. H. H. H.

Licensed Embalmer No. 3278

P. O. Address Golden City, 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.