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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 8 1944

Registration District No. 177

Primary Registration District No. 2549 U.S. 77

Registrar's No. 174

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Raytown
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
10114 E 63rd St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No
4 Years (Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 10114 E. 63rd St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Evan D. Hendrickson

(b) If veteran, name war No

(c) Social Security No. 494-14-1591

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 1944 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct 7 - 1943 to 8-4 - 1944
that I last saw him alive on 6-30 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 12 hrs

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife Nannie L. Hendrickson

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb. 22 1869
(Month) (Day) (Year)

Due to Coronary Atherosclerosis

Due to Hypertension 29 yrs. 10 yrs.

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

Major findings: 9/4

Of operations _____

Of autopsy _____

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

8. AGE: Years 75 Months 5 Days 12
If less than one day _____ hr. _____ min.

9. Birthplace near Kahoka Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation Retired meat salesman

11. Industry or business Packing House.

12. Name A. Wiley Hendrickson

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Scott
(City, town, or county) (State or foreign country)

15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nannie L. Hendrickson

(b) Address 10114 E. 63rd St. Raytown.

17. (a) Burial (b) Date thereof Aug 6 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cemetery

18. (a) Signature of funeral director A. Clark Heger

(b) Address Raytown Mo.

19. (a) 8-5-44 (b) Mrs. P. E. Davis
(Date received from 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? _____ (c) Means of injury _____

23. Signature P. J. Johnson (M. D. or other) _____
Address Raytown Mo. Date signed 8-5-44

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

48
0
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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.....

Clark Hegert

Licensed Embalmer No.....

3983

P. O. Address.....

Raytown, 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.