

FILED NOV 10 1944

Primary Registration District No. **5507**

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

1. PLACE OF DEATH:

(a) County **HENRY**

(b) City or town **CLINTON / DAVIS TWP**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **RURAL**
IN HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **NONE**
(Specify whether)

In this community **WHOLE LIFE**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **HENRY 42**

(c) City or town **CLINTON - RURAL.** **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. **DAVIS TWP.**
(If rural, give location)

(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country. **0**

3. (a) PRINT FULL NAME **FREDRICK L HENDRICH**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

4. Sex **M** 5. Color or race **W.**

6. (a) Name of husband or wife **JULIA L HENDRICH**

6. (b) Age of husband or wife if alive **39** years

7. Birth date of deceased **OCT. 20 1903**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **12**
year **1944** hour **9:15** minute **A.M.**

21. I hereby certify that I attended the deceased from **Sept -**
1944 to **Oct. 12 1944**

that I last saw him alive on **Oct. 8 1944**
and that death occurred on the date and hour stated above.

8. AGE: Years **40** Months **11** Days **22** hr. min.

Immediate cause of death **Laber pneumonia** Duration

Carcinoma of spine

Due to **metastasis to lung**

Due to **from upper dorsal spine**

9. Birthplace **CLINTON MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **55 lb**

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name **LOUIS J. HENDRICH**

13. Birthplace **ST. CHARLES MO.**
(City, town, or county) (State or foreign country)

14. Maiden name **ANNA MERTLE**

15. Birthplace **CLINTON MO**
(City, town, or county) (State or foreign country)

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 **Geo J. [Signature]** (M. D. or other) **100**
Address **Clinton** Date signed **Oct 15 44**

16. (a) Informant **Mrs Fredrick Hendrich**

(b) Address **Clinton Mo 1944**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Oct. 15-44**
(Month) (Day) (Year)

(c) Place: burial or cremation **ENGLEWOOD C.E.M.**

18. (a) Signature of funeral director **H. A. Linsant**

(b) Address **Clinton Mo**

19. (a) **October 14, 1944** (Date received local registrar)

(b) **Georgia Kitchener** (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number 10-44-1277

Date Filed 11-8-44

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. J. Varsant.....

Licensed Embalmer No. 3779.....

P. O. Address Clinton.....

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.