

FILED FEB 17 1945  
199

State File No. \_\_\_\_\_  
Registrar's No. 570

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

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

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: St Marys Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Weeks  
(Specify whether years, months or days)

In this community 24 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

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

(d) Street No. 4546 Genesee Street **8**  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Miss Virginia M. Hendrickson

3. (b) If veteran, name war No

3. (c) Social Security No. 487-16-5932

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3  
year 45 hour 6 minute 59 a.m.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 21 1920  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 10, 1943, to Feb 3, 1945  
that I last saw h. ex alive on Feb 2, 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

24 5 15 28 hr. min.

Immediate cause of death Anterior Pituitary Hypoparathyroidism (Simmonds's Disease)

Due to \_\_\_\_\_

9. Birthplace Kansas City, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Stenographer

11. Industry or business Commerce Trust Co.

Due to 62

Other conditions 62  
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Alfred J. Hendrickson

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

14. Maiden name Selma E. Beckman

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

PHYSICIAN

Major findings: —

Of operations —

Of autopsy as above

Underline the cause to which death should be charged statistically.

16. (a) Informant Roy A. Hendrickson

(b) Address 1184 East 77th Street

17. (a) Burial (b) Date thereof 2/5/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 2-5-45 (b) P. E. Brown  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature James P. H. H. H. (M. D. or other) 0

Address 814 Carter Bldg Date signed 2/14/45

*Dr. McVay*  
*St. Louis, Mo.*

**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 *Walter H. Corwin*

Licensed Embalmer No. *4352*

P. O. Address *Kansas 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.**