V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 8620

Registration District No. 749 | Primary Registration District No. 1002 | Registrar's No. 1125

1838

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: 333 N. WHEELING
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - - - In this community 50 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY 40
(If outside city or town limits, write "RURAL")
(d) Street No. 333 N. WHEELING AVE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country - - - - - 0

3. (a) PRINT FULL NAME MRS MARY HENDRICKS
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife AMIL P. HENDRICKS
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased AUGUST - 5 - 1886 (Month) (Day) (Year)

8. AGE: Years 58 | Months 7 | Days 3 | If less than one day ____ hr. ____ min.

9. Birthplace FORD FERRY KENTUCKY (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business - - - - - -

FATHER
12. Name MICHEAL DONOHUE
13. Birthplace CINCINNATI OHIO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name HANNAH FLAHERTY
15. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

16. (a) Informant MR. AMIL P. HENDRICKS
(b) Address 333 NORTH WHEELING AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH-12-1945 (Month) (Day) (Year)
(c) Place: burial or cremation MT. ST. MARYS CEMETERY
18. (a) Signature of funeral director O. N. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 3-10-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 8TH year 1945 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1 1944 to Mar. 8. 1945 that I last saw h. alive on Mar. 8th 1945 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Decompensated myocarditis | 2 mo. |
| Due to: Coronary arteriosclerosis | 2 yrs |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| Of autopsy: | |

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

23. Signature J. J. Pacsik (M. D. or other) DO
Address 5402 St. John Date signed 3/10/45

(Licensed Embalmer's Statement on Reverse Side)

5962 St. John Avenue
1-6

**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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.**