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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** JUL 23 1945 THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22984  
State File No. \_\_\_\_\_  
2918  
Registrar's No. \_\_\_\_\_

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 months  
In this community 45 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 3922 Wabash  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ida Hendricks

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 9  
year 1945 hour 11 minute 20 A.M.

3. (b) If veteran, name war no 3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from May 28 1945 to July 9 1945  
that I last saw er alive on July 9 1945  
and that death occurred on the date and hour stated above.

4. Sex fe 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Harry Hendricks 6. (c) Age of husband or wife if alive unk years  
7. Birth date of deceased March 13 1876  
(Month) (Day) (Year)

Immediate cause of death bronchopneumonia

8. AGE: Years 69 Months 4 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 107

9. Birthplace Ill (City, town, or county) (State or foreign country) 1

Major findings: Of operations \_\_\_\_\_  
Of autopsy see above  
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business at home

12. Name David Eddy

13. Birthplace unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Sarah Efferson

15. Birthplace unknown (City, town, or county) (State or foreign country) 1

16. (a) Informant Harry Hendricks

(b) Address 3922 Wabash

17. (a) Buried (b) Date thereof 7/12/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Shaw Mayberry  
(b) Address 2315 Linwood

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature Clark W Kelly (M.D. or other) \_\_\_\_\_  
Address Med. Dir. K.C. General Hospital (Place signed)

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

**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.....

*Roy E. Snow*

Licensed Embalmer No. 2566

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.**