S. No. 2
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v. 5-17-39
I X35697

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

1020

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1946

State File No. 1444

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 522

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: 4009 College Avenue, / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --- (Specify whether

In this community 45 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 4009 College Avenue 8 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country ----

3. (a) PRINT FULL NAME Charles Wesley Hendrickson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Carrie Hendrickson

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

7. Birth date of deceased May 15th (Month) 1871 (Day) (Year)

8. AGE: Years 74 Months 8 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace Ottumwa (City, town, or county) Iowa / (State or foreign country)

10. Usual occupation Retired 8 YEARS

11. Industry or business Druggist McPine Drug Co

FATHER
12. Name Jackson Hendrickson
13. Birthplace Unknown (City, town, or county) Kentucky / (State or foreign country)

MOTHER
14. Maiden name Emaline Smith
15. Birthplace Unknown (City, town, or county) Kentucky / (State or foreign country)

16. (a) Informant Mrs. Carrie Hendrickson

(b) Address Unknown Kentucky

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cem, Kansas City Kansas

18. (a) Signature of funeral director D. H. Newcomers Sons

(b) Address 1401 Brush Creek Blvd. K.C. Mo

19. (a) 2-1-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30 year 1946 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 14, 1945, to Jan. 30, 1946 that I last saw him alive on Jan. 30, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 day
Due to Essential Hypertension	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94	
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. Pocsik (M. D. or other) D.O.

Address 590 E St. John Date signed 1/31/46

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.