

**FILED OCT 28 1946**  
Registration District No. **277**

Primary Registration District No. **1002**

Registrar's No. **4345**

**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:  
6800 Troost 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 13 years  
years, months or days)

3. (a) PRINT FULL NAME Earl Hendricks

3. (b) If veteran, name war no 3. (c) Social Security 487-12-1996

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Unknown

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

7. Birth date of deceased February - 1 -- 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
45 8 6 hr. min.

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

10. Usual occupation Heavy Construction Laborer

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Johnnie Bishop

(b) Address 2014 E. 12th., Kansas City, Mo.

17. (a) Burial (b) Date thereof 10/16/'46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director B. Steuring Belle

(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 10-16-46 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

**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. 2304 1/2 E. 18th. Street **8**  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No) **1**  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 10 day 7  
year 1946 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19\_\_\_\_ to Coroner 19\_\_\_\_  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Typhentermine Heart Disease Duration \_\_\_\_\_

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

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

Other conditions 93  
(Include pregnancy within 3 months of death)

Major findings: Of operations **PHYSICIAN**

Of autopsy no - permit  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury Deputy Coroner

22. Signature H. Williams (M. D. or other) Deputy Coroner

Address 2626 Broadway Date signed 10-15-46

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

MOTHER FATHER

OCT 31 1985

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 *E. Sterling Billa*  
Licensed Embalmer No. *3178*  
P. O. Address *1212 Pine Hl*

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.