

FILED SEP 21 1946

State File No. _____

Registration District No. 282

Primary Registration District No. 2971

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Pack
(b) City or town Bolivar (Rural) (Marion)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 miles south of Bolivar
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pack 84
(c) City or town Bolivar (Rural) 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2 mi. South of Bolivar 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country None

3. (a) PRINT FULL NAME OMA HENDRICKSON

3. (b) If veteran, name war None 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 Will Hendrickson 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Aug. 7, 1891
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business House work

12. Name James A. Pitzer

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

14. Maiden name Margaret Davidson

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

16. (a) Informant Will Hendrickson

(b) Address Bolivar, Mo.

17. (a) Burial (b) Date of death Sept. 15, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director Arum and Blue

(b) Address Bolivar, Mo.

19. (a) Oct 15, 1946 (b) Robert Gardner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13
year 1946 hour 8:15 minute 0 P. M.
21. I hereby certify that I attended the deceased from June
1946 to Sept 13 1946
that I last saw her alive on Sept 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatous
Due to Sarcoma uterus 3 mox
Due to _____

Other conditions 48B
Major findings: Sarcoma fundus
Of operations uterus
Of autopsy _____

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 Walter H. Tillman M. D. or other M.D.
Address Bolivar, Mo. Date signed 10-9-46

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

9-26-106
10-11-46
9-26-106
R
D
M

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 *Richard B. Corwin*

Licensed Embalmer No. *3092*

P. O. Address. *Polina, 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.