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5-17-39
PI X47070

36210

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 1 1946

Registration District No. 43

Primary Registration District No. 5137

Registrar's No. 374

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Hendrickson

(c) Name of hospital or institution: Rural / Block River Twp
(If outside city or town limits, write "RURAL" and name of township)

(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 Butler 12

(c) City or town Hendrickson 6
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME James Hendrickson

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1946 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mary Francis

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased January 16 1867
(Month) (Day) (Year)

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>79</u> | <u>9</u> | <u>28</u> | hr. _____ min. _____ |

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER {

12. Name David C. Hendrickson 9

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

14. Maiden name Nancy Liggett

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

16. (a) Informant Mary Francis Hendrickson

(b) Address Hendrickson, Mo.

17. (a) Burial (b) Date thereof 11/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff

18. (a) Signature of funeral director Greer Croy & Fitch

(b) Address Poplar Bluff, Mo.

19. (a) 11-18-46 (b) W. M. Miller
(Date received local registrar) (Registrar's signature)

Duration _____

Myo. Carditis

Senility

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 3

Signature Wm. W. Miller Coroner
(M. D. or other)

Address Poplar Bluff, Mo. Date signed 11/16/46

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

35

RECEIVED
District Health Office No. 2
District File Number 1146-1383
Date Filed 11-29-46

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.