

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **JACKSON**
(b) City or town **KANSAS CITY, MO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **RESEARCH HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 month** (Specify whether years, months or days)
In this community **1 month**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **PLATE** **93**
(c) City or town **PARKVILLE MO** **0**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ANNA KATHRYN HENDRICK**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **7**
year **1946** hour **10** minute **30 A.** M.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **NOV.** **21** **1910**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 1** 19 **45** to **Dec. 7** 19 **46**;
that I last saw her alive on **Dec. 6** 19 **46**;
and that death occurred on the date and hour stated above.

8. AGE: Years **36** Months **0** Days **16** If less than one day _____ hr. _____ min.
9. Birthplace **CLINTON MO**
(City, town, or county) (State or foreign country)

Immediate cause of death: **Metastatic carcinoma** **6 mos.**
Due to **Adenocarcinoma of right breast**
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____
11. Industry or business **HATCHERY OWNER**
12. Name **LOUISE J. HENDRICK**
13. Birthplace **ST. CHARLES MO**
(City, town, or county) (State or foreign country)
14. Maiden name **ANNA F. IMERTEL**
15. Birthplace **CLINTON MO**
(City, town, or county) (State or foreign country)

Major findings: **50**
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. Linn Howell**
(b) Address **Clinton MO**
17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **12-10-1946**
(Month) (Day) (Year)
(c) Place: burial or cremation **Englewood Cem**
18. (a) Signature of funeral director **A. J. Vansant**
(b) Address **Clinton MO**
19. (a) **12-7-46** (Date received local registrar) (b) **Genevieve Holmes** (Registrar's signature)

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 **Arthur B. Smith** (M. D. or other) **MO**
Address **830 Argyle Bldg.** Date signed **12/7/46**

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

MAR 17 1948

APR 10 1948

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.....

J. J. Gausant

Licensed Embalmer No.

3779

P. O. Address.....

Clinton

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.