FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31248

Registration District No. FILED SEP 23 1947

Primary Registration District No. 1002

Registrar's No. 3895

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: Midland Theater--13th & Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson

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

(d) Street No. 6100 West 59th St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Loretta HENDRICKS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife Henry Hendricks

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

7. Birth date of deceased June 7, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	3	4	hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Robert Louther
13. Birthplace Sparta (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Lida Chalk
15. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mrs. Omar Leavengood
(b) Address 6100 West 59th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/47 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City, Kansas

19. (a) 9-12-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 11
year 1947 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Insufficiency

Due to arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 95c

Of autopsy no
Hosting & Inspection

Duration

PHYSICIAN

Underline the cause of 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 [signature] (M. D. ~~or other~~) Coroner
Address 1424 [illegible] Date signed 9-12-47

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

Jefferson City Printing Co.

(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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.