

National Office of Vital Statistics

FILED NOV 24 1947

Registration District No. **149**

Primary Registration District No. **1001**

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: **General Hospital No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 mo. 11 days**
17 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3919 E. 14 Terr.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **14**
year **1947** hour **2** minute **4 P.** M.

21. I hereby certify that I attended the deceased from **Oct. 3** 19**47** to **Nov. 14** 19**47**;
that I last saw him alive on **Nov. 14** 19**47**;
and that death occurred on the date and hour stated above. Duration

Immediate cause of death **Diabetes mellitus-Cirrhosis of liver-Generalized arterio-sclerosis**

Due to **Fr. of rt. hip**
Other conditions (Include pregnancy within 3 months of death)
Major findings: **186a**
Of operations **38**
Of autopsy **See above**

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: 123
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **10-3-47**
(c) Where did injury occur? **K. C. Jackson, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **In hospital**
White at work? **No** (Specify type of place) (e) Means of injury **Fall from bed**

23. Signature **Wm W. Holmes** (M.D. or other) **Med. Dir. Gen'l Hosp**
Address **11-15-47** Date signed **11-15-47**

3. (a) PRINT FULL NAME **Charles Hendrickson**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Jennie Hendrickson** 6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased **April 5th, 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	7	9	br. min.

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

10. Usual occupation **Retired**

11. Industry or business **Steam Engineer**

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. Jennie Hendrickson**

(b) Address **3919 East 14th, st Terr**

17. (a) **Burial** (b) Date thereof **11/17/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Wash. Cem.**

18. (a) Signature of funeral director **Earp & Sons**

(b) Address **4139 east 15th. St.**

19. (a) **11-15-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Dr. Johnson

FEB 3 1959

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 *John B. Perry*
Licensed Embalmer No. *2955-*
P. O. Address *I. C. 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.