S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 41707

Registration District No. FILED JAN 2 1948 Primary Registration District No. 1002 Registrar's No. 5318

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: SEARS-ROEBUCK 3 15TH & CLEVELAND (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community: 22 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY 3 (If outside city or town limits, write "RURAL")
(d) Street No.: 717 EAST-71ST TERRACE 8 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: --

3. (a) PRINT FULL NAME: MR. ELMER LAWRENCE HENDRICKSON
3. (b) If veteran, name war: WORLD WAR I
3. (c) Social Security No.: 486-07-9684
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MRS. HAZEL L. HENDRICKSON
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: JULY (Month) 12 (Day) 1892 (Year)

8. AGE: Years 55 | Months 5 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace: WEST CHICAGO (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation: STATIONARY ENGINEER
11. Industry or business: SEARS-ROEBUCK

FATHER
12. Name: HENRY HENDRICKSON
13. Birthplace: UNKNOWN (City, town, or county) SWEDEN (State or foreign country)

MOTHER
14. Maiden name: MATILDA NELSON
15. Birthplace: UNKNOWN (City, town, or county) SWEDEN (State or foreign country)

16. (a) Informant: Mrs. Hazel L. Hendrickson
(b) Address: 717 E. 71st. Terrace
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: DEC. 18. 1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MT. MORIAH CEMETERY
18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401-BRUSH CREEK BLVD.
19. (a) 12-18-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DECEMBER day 16TH year 1947 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from ....., 19..... to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary occlusion | |
| Due to: Arteriosclerosis | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): 94a | |
| Major findings: Of operations: | |
| Of autopsy: same as above | |

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) 5
While at work? (e) Means of injury: ~~Com~~

23. Signature: [illegible] (M. D. ~~or other~~)
Address: 1424 Jefferson City Date signed: 12-17-47

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K. C. 3, 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.**