

No. 2
1-5-43
5-17-39
I X36571

State File No.

FILED JAN 20 1948

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Butler Memorial 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether _____)

In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Urlick 7
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Byrdie Lee Hendrickson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife W.S. Hendrickson

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Feb. 17 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>10</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Taylor Co. Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name E. E. Sanders

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

14. Maiden name Josephine Faucett

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

16. (a) Informant W.S. Hendrickson

(b) Address Urlick, Missouri

17. (a) Removal (b) Date thereof 1-4-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Central Calhoun

18. (a) Signature of funeral director Arnold Creighton

(b) Address Creighton, Missouri

19. (a) 1-4-48 (b) Hendrickson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3rd.
year 1948 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan. 3 1948
to Jan. 3 1948

that I last saw her alive on Jan. 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Lobar Pneumonia

Due to Right lower

Due to lobe

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

Major findings: myocarditis

Of operations _____

Of autopsy 708

Duration

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 _____

23. Signature Charles W. Foster (M. D. or other) 708
Address Butler, Mo. Date signed 1/4/48

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

MOTHER, FATHER

RECEIVED
District Health Officer No. 7,
District No. 12-82-2239
Date Filed 1-18-48

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 H. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler 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.