No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1119

FILED JAN 20 1948

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 18

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

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~~: K.C. General Hospital No. 1 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 50 YEARS
years, months or days)

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. 333 No. Wheeling 8
(If rural, give location) 0

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

If yes, name country BELGIUM

3. (a) PRINT FULL NAME Amil PETER Hendricks

3. (b) If veteran, name war No

3. (c) Social Security No. 486-07-6591

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of ~~husband~~ or wife MRS. MAUDE HENDRICKS

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased MARCH (Month) 18 (Day) 1882 (Year)

8. AGE: Years 65 Months 9 Days ~~14~~ 13 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) BELGIUM (State or foreign country) 4

10. Usual occupation NIGHT WATCHMAN

11. Industry or business CONTINENTAL ELEVATOR CO.

FATHER
12. Name HENRY HENDRICKS
13. Birthplace (City, town, or county) BELGIUM (State or foreign country) 4

MOTHER
14. Maiden name PAULINE LATEUM
15. Birthplace (City, town, or county) BELGIUM (State or foreign country) 4

16. (a) Informant MR. ADOLPH HENDRICKS
(b) Address 415 SOUTH ASKEW AVENUE

17. (a) BURIAL (Burial, cremation, or removal). (b) Date thereof JAN 5 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MT. ST. MARYS CEMETERY

18. (a) Signature of funeral director O. W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 1-3-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1
year 1948 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from Dec. 20, 1947 to Jan. 1, 1948
that I last saw him alive on Jan. 1, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	
Major findings: Of operations	
Of autopsy None	

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 0

23. Signature Wm W. Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp Date signed 1-2-48

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 John E. Frakking Registered Apprentice No. 504, working under my personal supervision.

Signed E. Owen Hoskey

Licensed Embalmer No. 176.7

P. O. Address Kansas City

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.