

FILED JAN 20 1948

Primary Registration District No. **1001**

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:
1315 East 14th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 Years**
(Specify whether 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. **1315 East 14th Street** **8**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **Laura Hendricks**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **1**
year **1948** hour **4** minute **30 A.M.**

4. Sex **Female** 3. Color or race **Negro**

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

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

7. Birth date of deceased **February 18, 1864**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **20 Sept 1947**
to **Jan 1948**, 19 **Jan**, 19 **48**
that I last saw her alive on **30 Dec**, 19 **47**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

83 **10** **13** hr. min.

Immediate cause of death **marked secondary anemia**

Due to **Carcinoma of rectum**

Due to.....

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

10. Usual occupation **At home**

Other conditions **Hypertensive Heart Disease**
(Include pregnancy within 6 months of death)

Major findings:
Of operations.....

11. Industry or business.....

12. Name **Anderson Hogue**

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

14. Maiden name **Unknown**

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

Of autopsy..... **40 D**

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)

16. (a) Informant **Marie Harold**
(b) Address **1315 East 14th St**

17. (a) **Burial** (b) Date thereof **1/5/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Michael Bond**
(b) Address **1729 S. 4th Ave**

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

Of operations.....

23. Signature **George H. West, M.D.**
Address **2123 E 15th** Date signed **2 Jan 1948**

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.....

J. Manlove

..... Licensed Embalmer No. 3944

P. O. Address 2203 Highland

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.