FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11451

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 41

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

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Butler Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates 7
(c) City or town Butler 1
(If outside city or town limits, write "RURAL")
(d) Street No. 214 N. Delaware St. 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Beulah Hendrickson
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Felix C. Hendrickson
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased July (Month) 28 (Day) (Year)

8. AGE: Years 76 Months 8 Days 9 If less than one day — hr. — min.

9. Birthplace — (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —
FATHER
12. Name Henry Farris
13. Birthplace — (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Sally Swinn
15. Birthplace — (City, town, or county) Virginia (State or foreign country)
16. (a) Informant Roy Hendrickson
(b) Address Butler, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oakhill
18. (a) Signature of funeral director Culver-Underwood
(b) Address Butler, Mo.
19. (a) 4-8-48 (Date received local registrar) (b) Kendall Kerry (Registrar's signature) 14

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4-1-48, 19 to 4-7-48, 19 ; that I last saw her alive on 4-7-48, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) 0
While at work (e) Means of injury
23. Signature L D LaHue (M. D. or other) MD
Address Butler Mo Date signed 4-8-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-49-50
Date Filed 5-1-49

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 Robert L. Steinbeck Registered Apprentice No. 200 working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butte 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.