No. 2
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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. 26732

FILED SEP 9 1948

Registration District No. 12 | Primary Registration District No. 5572 | Registrar's No. 166

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County E. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)
In this community: 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Greenwood
(If outside city or town limits, write "RURAL")
(d) Street No.: Gen. Delivery
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

48
0
0
0

3. (a) PRINT FULL NAME: Oscar Hendricks
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: Wh.
6. (a) Single, widowed, married, divorced: widow
6. (b) Name of husband or wife: Fannie Hendricks
6. (c) Age of husband or wife if alive: 69 years
7. Birth date of deceased: March (Month) 10 (Day) 1873 (Year)

8. AGE: Years 75 | Months 5 | Days 15 | If less than one day: hr. min.

9. Birthplace: (City, town, or county) (State or foreign country): Mo
10. Usual occupation: Farmer
11. Industry or business: "
MOTHER FATHER
12. Name: H. Hendricks
13. Birthplace: (City, town, or county) unknown (State or foreign country): 9
14. Maiden name: Horton
15. Birthplace: (City, town, or county) unknown (State or foreign country): 9
16. (a) Informant: Fannie Hendricks
(b) Address: Greenwood Mo
17. (a) (Burial, cremation, or removal) Burial (b) Date thereof (Month) (Day) (Year) 8-27-48
(c) Place: burial or cremation: Greenwood Mo
18. (a) Signature of funeral director: N B Langford
(b) Address: Lees Summit Mo
19. (a) (Date received local registrar) Aug. 26, 1948 (b) (Registrar's signature) Arnold C. Sandborn

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1948 hour 5 minute 25 A.M.
21. I hereby certify that I attended the deceased from 8-19-48, 19..., to 8-24-48, 19...; that I last saw him alive on 8-24-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Stomach	Months
Due to	
Due to	
Other significant conditions (Include pregnancy within 3 months of death) Jaundice severe	Months

Major findings:
Of operations: N.D.
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)
While at work? (e) Means of injury
23. Signature: Grant E. Trekatrick M.D.
Address: R#4 Independence Mo. Date signed: 8-25-48

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.....
....., Registered Apprentice No.....,
working under my personal supervision.

Signed N. B. Langford

Licensed Embalmer No. 3833

P. O. Address Lees Summit 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.