

Registration District No. **2827** Primary Registration District No. **5971**

1. PLACE OF DEATH:

(a) County **Fall**

(b) City or town **Bolivar, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**4 Miles S.E. of Bolivar**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1** (Specify whether years, months or days)

In this community **70** ~~65~~ **yo.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Fall**

(c) City or town **Bolivar**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4 miles S.E. of Bolivar**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **None**

3. (a) PRINT FULL NAME **Mary Elizabeth Hendrickson**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **20**  
year **1948** hour **6:45** minute **8** M.

6. (b) Name of husband or wife **Therman Hendrickson**

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

7. Birth date of deceased: **April 10, 1866**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **12:15 p.m. to 1:00 p.m.** 1948  
that I last saw him alive on **Dec 20** 1948  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<b>82</b>	<b>8</b>	<b>10</b>	hr. min.

Immediate cause of death **Senility**  
**(No disease)**

Due to

9. Birthplace **Butler County, Missouri**  
(City, town, or county) (State or foreign country)

Due to

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **Housekeeper**

11. Industry or business **Housework**

Major findings:

Of operations

Of autopsy **11-2-B**

PHYSICIAN

Underline the cause to which death should be charged statistically.

12. Name **Martin J. Larson**

13. Birthplace **Unknown**

14. Maiden name **Anna Larson**

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

16. (a) Informant **Daye Hendrickson**

(b) Address **Bolivar, Mo.**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

17. (a) **Burial** (b) Date thereof **Dec 22 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

(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

18. (a) Signature of funeral director **Erwin C. Blue**

(b) Address **Bolivar, Mo.**

19. (a) **Dec 28, 1948** (b) **Ralph Gordon**  
(Date received local registrar) (Registrar's signature)

23. Signature **J. W. Bridges** (M. D. or other)

Address **Bolivar** Date signed

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

RECEIVED

District Health Officer No. 7,

District File Number 1248-1533

Date Filed 1-5-49

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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

*Richard B. Erwin*

Licensed Embalmer No.

3092

P. O. Address

Bolivar, 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.