

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19579  
2747

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>JACKSON</b>                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)<br>a. STATE<br><b>MISSOURI</b> |  | b. COUNTY<br><b>JACKSON</b>                         |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><b>KANSAS CITY</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>KANSAS CITY</b>                            |  | c. LENGTH OF STAY (In this place)<br><b>unknown</b> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>GENERAL HOSPITAL #2</b>                  |  | d. STREET ADDRESS (If rural, give location)<br><b>1521 Harrison Street</b>  |  |   |  |

|                                     |                              |                               |                                       |  |
|-------------------------------------|------------------------------|-------------------------------|---------------------------------------|--|
| 3. NAME OF DECEASED (Type or Print) |                              |                               | 4. DATE OF DEATH (Month) (Day) (Year) |  |
| a. (First)<br><b>CHARLES</b>        | b. (Middle)<br><b>ERNEST</b> | c. (Last)<br><b>HENDRICKS</b> | <b>JUNE 24 1949</b>                   |  |

|                         |                                  |   |   |   |                        |                      |                       |                         |
|-------------------------|----------------------------------|---|---|---|------------------------|----------------------|-----------------------|-------------------------|
| 5. SEX<br><b>MALE 2</b> | 6. COLOR OR RACE<br><b>NEGRO</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>SINGLE</b> | 8. DATE OF BIRTH<br><b>SEPTEMBER 6 1947</b> | 9. AGE (In years last birthday)<br><b>1</b> | 10. MONTHS<br><b>1</b> | 11. DAYS<br><b>1</b> | 12. HOURS<br><b>1</b> | 13. MINUTES<br><b>1</b> |
|-------------------------|----------------------------------|---|---|---|------------------------|----------------------|-----------------------|-------------------------|

|   |   |  |   |
|---|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>CHILD</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>←</b> | 11. BIRTHPLACE (State or foreign country)<br><b>HOPE, ARKANSAS</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b> |
|---|---|--|---|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME<br><b>LOUIS HENDRICKS</b> | 13b. MOTHER'S MAIDEN NAME<br><b>RUBY BONNER</b> | 14. NAME OF HUSBAND OR WIFE<br><b>←</b> |
|--|---|---|

|  |                                     |  |  |
|--|-------------------------------------|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>✓</b> | 16. SOCIAL SECURITY NO.<br><b>✓</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>RUBY HENDRICKS</b> | ADDRESS<br><b>1521 Harrison Street</b> |
|--|-------------------------------------|--|--|

|   |  |   |  |                                  |
|---|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |  | MEDICAL CERTIFICATION                         |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>RESPIRATORY FAILURE</b>   |  | DUE TO (b) <b>WILMS TUMOR WITH METASTASIS</b> |  |                                  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. |  | DUE TO (c)                                    |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.           |  |   |  |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|---|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from 6/10/1949, to 6/24/1949 that I last saw the deceased alive on 6/24/1949, and that death occurred at 12:50Am., from the causes and on the date stated above.

|   |                   |   |                                    |
|---|-------------------|---|------------------------------------|
| 23a. SIGNATURE OF REGISTRAR<br><b>Frank Ellis</b> | (Degree or title) | 23b. ADDRESS<br><b>600 East 22nd Street</b> | 23c. DATE SIGNED<br><b>6/24/49</b> |
|---|-------------------|---|------------------------------------|

|   |                             |  |  |
|---|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 24b. DATE<br><b>June 24</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Hope, Ark</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Hope, Ark.</b> |
|---|-----------------------------|--|--|

|  |   |  |                                  |
|--|---|--|----------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>6-25-49</b> | REGISTRAR'S SIGNATURE<br><b>Sheldine Holmes</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Leo Davis</b> | ADDRESS<br><b>1513 Front Ave</b> |
|--|---|--|----------------------------------|

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *C. E. Davis*

Licensed Embalmer No. 4417

P. O. Address H. C. Moore

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.