

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1156**  
Registrar's No. **6**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>   |  |
| c. LENGTH OF STAY (In this place) <b>40 yrs.</b>  |  | d. STREET ADDRESS (If rural, give location) <b>4546 Genesee St.</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Research Hospital</b>                                |  |   |  |

|  |                               |   |   |  |                             |
|--|-------------------------------|---|---|--|-----------------------------|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Alfred</b> b. (Middle) <b>J.</b> c. (Last) <b>Hendrickson</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>1 1 51</b>     |  |                             |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>Oct. 12, 1883</b>                   | 9. AGE (In years last birthday) <b>67</b>  | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>         |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Jenkins Music Co.</b>            | 11. BIRTHPLACE (State or foreign country) <b>Sweden</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |                             |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 13a. FATHER'S NAME <b>Adrian Hendrickson</b>   |  | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Mrs. Selma Hendrickson</b>                             |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> |  | 16. SOCIAL SECURITY NO. <b>496-09-7648</b> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Selma Hendrickson, 4546 Genesee</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>Intestinal Obstruction</b>   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  | <b>1 wk.</b>                     |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Stimulation of Intestine - Herbia, right.</b> |  |  | <b>5610</b>                      |

|   |  |  |  |   |  |  |
|---|--|--|--|---|--|--|
| 19a. DATE OF OPERATION                          |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)        |  | 21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)               |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) |  | 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 Dec 28, 1950, to Jan 1, 1951, that I last saw the deceased alive on Dec 31, 1950, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

|  |  |                                  |  |  |  |
|--|--|----------------------------------|--|--|--|
| 23a. SIGNATURE <b>Ira C. Layton</b> (Degree or title)                      |  | 23b. ADDRESS <b>Argyle Bldg.</b> |  | 23c. DATE SIGNED <b>1-2-51</b>                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>                    |  | 24b. DATE <b>1/3/51</b>          |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b> |  |
| 24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b> |  |                                  |  |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <b>1-2-51</b> |  | REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>FREEMAN MORTUARY &amp; CHAPEL, K.C., MO.</b> |  |
|--|--|--|--|--|--|

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

934  
Mr. Hampton - Angyle Bling.  
Between 1-5:30

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Walter H. Carwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.