

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

SEP 21 1937

29762

1. PLACE OF DEATH

County Jackson /

Registration District No. 399

Township

Primary Registration District No. 002

City Kansas City (No. 4022 of Benton)

File No. _____
Registered No. 2055
St. _____ Ward _____

2. FULL NAME Clara M. Hendrick

(a) Residence, No. 4022 of Benton St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adolph Hendrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-14-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 9 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C. / Kansas

13. NAME Frederick L. French

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Caroline Kuehn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs George F. Burnett / 4022 of Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 8-16 1937

19. UNDERTAKER (ADDRESS) Hipson & Co / N. C. /

20. FILED 8-15 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15 1937, to 8/12 1937
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

Malignant Papillary Carcinoma of Ovary Date of onset ?

Other contributory causes of importance: 49

Name of operation _____ Date of _____
What test confirmed diagnosis? operation Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury !

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) W. Miles Mason M. D.
(Address) Brookwood Block N. C. /

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD

