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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 28 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15311

State File No.

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
In Ambulance enroute to Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper ⁴⁹

(c) City or town Carthage ⁵
(If outside city or town limits, write "RURAL")

(d) Street No. 1419 Forest St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN THOMAS HENDRICKSON

3. (b) If veteran, name war None

3. (c) Social Security No. 500-01-8121

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 17
year 1944 hour 3 minute 30 p M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna Bandy Hendrickson

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased December 2nd, 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	4	15	hr. _____ min.

Immediate cause of death Broken Neck Accident. Fall off horse while employed by B. V. Construction Co

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Martinsville, Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter & Contractor

11. Industry or business _____

12. Name J. D. Hendrickson

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie A. Teagarden

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Tom Hendrickson

(b) Address 1419 Forest St., Carthage, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-44
(Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) 4-19-1944 (Date received local registrar) (b) Calvin Thompson (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) Accident - 173

(b) Date of occurrence Apr 17 - 1944

(c) Where did injury occur Neosho Newton Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? Yes (Specify type of place) (e) Means of injury 2

23. Signature J. P. Reynolds, Coroner (M. B. or other) _____

Address Neosho Mo Date signed 4-17-44

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

1110

(Licensed Embalmer's Statement on Reverse Side)

5 1945

APR

RECEIVED

4-25-44

District Health Officer No. _____
District File Number 444-88
Date Filed 4-26-44

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 E. L. L. L. L. L.

Licensed Embalmer No. 2222

P. O. Address Carthage

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.