Vi 8602

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4973
Township Kan — Primary Registration District No. 1002 — Registered No. 632
City K.C. Mo. (No. Trinity Lutheran St. Ward)

2. FULL NAME John E. Henderson
(a) Residence. No. 2823 Forest 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eliz. Baker Henderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Years 45 — Months — Days — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Salesman
(b) General nature of industry, business, or establishment in which employed (or employer): Advertising A. Art Works
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

PARENTS
10. NAME OF FATHER: Wm D. Henderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Penn
12. MAIDEN NAME OF MOTHER: Sarah Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Penn

14. INFORMANT: Eliz. B. Henderson
(Address) 2823 Forest av.

15. FILED 7/13, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb-13 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1928, to Feb 13, 1928, that I last saw him alive on Feb 13, 1928, and that death occurred, on the date stated above, at 1 Am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
101a
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): none
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Carl R. Ferris, M. D
Feb 13, 1928 (Address) 934 Argyle Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Atchison Kans — DATE OF BURIAL: Feb 13 1928

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

Research Hosp
10:00 am