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

Do not use this space.
21658
2793

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 92
City Kansas City (No. St. Lukes Hospital St. Ward)

File No.
Registered No.

2. FULL NAME Frank E. Henderson

(a) Residence. No. St., Ward. Raymore Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Elizabeth Henderson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1st. 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65	2	29	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER No Data
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) No Data
12. MAIDEN NAME OF MOTHER No Data
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) No Data

14. INFORMANT Mr. Gale Henderson
(Address) St. Louis Mo.

15. FILED 6/27 19 31 M. M. Crouse REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 26 1931

17. I HEREBY CERTIFY, That I attended deceased from 6 A.M. June 26, 1931, to 11 P.M. June 26, 1931 that I last saw him alive on June 26, 1931, and that death occurred, on the date stated above, at 11 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Assumed
320
7 1A
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Myocardial failure
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes.
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) R. J. Bohrer M. D.
June 26 1931 (Address) Gob Med. Arts Bld. K.C. Mo.

*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	DATE OF BURIAL
St. Louis Mo.	6/27/31
20. UNDERTAKER W.F. Mayberry	ADDRESS City

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.

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