DEC 1 8 1934

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

Do not use this space.

39330

File No. 4832

Registered No.

1. PLACE OF DEATH

County JACKSON — Registration District No. 299

Township KAW — Primary Registration District No. 1002

City KANSAS CITY (No. ST. JOSEPH'S HOSPITAL St. ..... Ward)

2. FULL NAME RALPH R HENDERSON

(a) Residence, No. 2915 INDIANA AVE. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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~~ MRS. ELLA M. HENDERSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 23 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LINOTYPE OPERATOR
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K. C. JOURNAL POST
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) KANSAS

FATHER

13. NAME WILLIAM R. HENDERSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

MOTHER

15. MAIDEN NAME ELLA MARGARET WILLIAMS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

17. INFORMANT (ADDRESS) MRS. ELLA M. HENDERSON 2915 INDIANA AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE NOV-5 1934

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS 2111 EAST 9TH ST.

20. FILED 11-3 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1934 to Nov 2, 1934

I last saw him alive on Oct 2, 1934 Death is said to have occurred on the date stated above, at 11:55 A.m.

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

	Date of onset
Thrombosis of mesenteric artery	10-31-34
Other contributory causes of importance: acute Endocarditis	10-25-34

Name of operation Explor-Inspection Date of Nov 1-34

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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?

If so, specify

(Signed) Chas S Nelson, M. D.

(Address) 1200 Prof Bldg

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.

~~3626. Independence Ave.~~ 1200 Professional Bldg.