

NOV 21 1923

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

34935
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Law Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 1329 Paseo Registered No. 4271
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1329 Paseo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1886

7. AGE YEARS 52 MONTHS 9 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Brake Co.
10. Date deceased last worked at this occupation (month and year) Jan. 15 '38 11. Total time (years) spent in this occupation 34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holden Mo.

FATHER 13. NAME Fred Henderson

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

MOTHER 15. MAIDEN NAME Helen

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

17. INFORMANT (ADDRESS) Ella Henderson 1329 Paseo

18. BURIAL, CREMATION, OR REMOVAL PLACE Secremoria, Ks. DATE 11-1-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Datkins Bros. 1729 Lydia

20. FILED 11-1-38 M. M. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-28-38

22. I HEREBY CERTIFY, That I attended deceased from 10-28-38 to 10-28-38

I last saw Deputy Coroner on 10-28-38, 1938. Death is said to have occurred on the date stated above, at 6 A m.

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

Syphilitic Aortitis
Acute Pulmonary Edema

Date of onset

Other contributory causes of importance: 34

Name of operation Aut. Date of Aut.
What test confirmed diagnosis? Aut. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Aut. Date of injury 10-28-38

Where did injury occur? Aut. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Aut.
Nature of injury Aut.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Aut.
(Signed) Russell Jensen, M. D.
(Address) Aut.

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.

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,

T. B. Atkins

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

T. B. Atkins

Licensed Embalmer No. *2889*

P. O. Address *1729 Ryden*

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, above space should be left blank.