

REC'D AUG 7 1939

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

24424
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson ² Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City, Mo. (d) Street No. 307 N. Lawndale St.
(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.

Registered No. 26372. PRINT FULL NAME 540 Greenberry Larkin Henley

(a) Residence, No. 307 N. Lawndale 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Henley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 17, 1857</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>2</u>	DAYS <u>13</u> If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
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) Missouri ⁰

FATHER 13. NAME Unknown ⁹

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ⁹

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Sarah Henley
(ADDRESS) 307 N. Lawndale, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill Cem. DATE July 1, 1939

19. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED July 1, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30th, 1939

22. I, HEREBY CERTIFY, That I attended deceased from April 26, 1939, to June 30, 1939
I last saw him alive on June 24, 1939. Death is said to have occurred on the date stated above, at 2AM m.
The principal cause of death and related causes of importance were as follows:

Heart Regurgitation
Chronic Hypertension
92a

Date of onset
19381938

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... 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) Dr. Ross, M. D.(Address) 123 N. Duwood

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 H. B. Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. Mo

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.