

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 271

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3033 Benton Blvd. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
(Specify whether
In this community 4 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limit, write "RURAL")
(d) Street No. 3033 Benton Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME Mr. James Henderson
336
(b) If veteran, name war Civil War Vet. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 17th
year 1940 hour 8 minute 05 P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mrs. Lucinda Landis Henderson 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased June 3 1840
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from at intervals Dec 10 1937, to Feb 17 1940
that I last saw him alive on Feb 17 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
99 8 14 hr. min.

Immediate cause of death Cerebral Hemorrhage Duration 1 Day
Arterio Sclerosis

9. Birthplace Velleyfield Canada
(City, town, or county) (State or foreign country)

Due to Smile
Arterio Sclerosis
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Harness Maker

11. Industry or business --

MOTHER FATHER { 12. Name Unknown Henderson 4
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 4
15. Birthplace Scotland
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Albert G. Brown
(b) Address 3033 Benton

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Feb. 21, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial/cremation Wadsworth, Kansas
18. (a) Signature of funeral director J. N. McCamery
(b) Address 1401 Brush Creek Blvd.

While at work? _____ (Specify type of place)
(e) Means of injury !

19. (a) Feb. 20, 1940 (b) Ms. Ma Ordune
(Date received local registrar) (Registrar's signature)

23. Signature Dr. R. Lewis (M. D. number) _____
Address 934 Maple Bldg Date signed Feb 19, 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9-3-4
1-5-
Rogge Body

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 C. Hervey Quisenberry
Licensed Embalmer No. 4070
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.