DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5620

Registrar's No. 845

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: Park Lane Hotel. 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether
In this community: 47 Years
years, months or days)

3. (a) PRINT FULL NAME: 5-25 Mrs. Cora Boydstun Henson.

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed.

6. (b) Name of husband or wife: Wm. M. Henson.

6. (c) Age of husband or wife if alive: x years

7. Birth date of deceased: April (Month) 22 (Day) 1873 (Year)

8. AGE: Years 66 | Months 9 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace: Texas. (City, town, or county) / (State or foreign country)

10. Usual occupation: at home.

11. Industry or business: x

FATHER
12. Name: J. D. Boydstun. /
13. Birthplace: Illinois. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Tucker.
15. Birthplace: Kentucky. (City, town, or county) / (State or foreign country)

16. (a) Informant's own signature: Mrs. Phillip French.
(b) Address: 6310 Penn Street, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-23-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Moriah Cemetery.

18. (a) Signature of funeral director: Stine & McClure.
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) Feb. 24, 1940 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri. (b) County: Jackson.

(c) City or town: Kansas City.
(If outside city or town limits, write "RURAL")

(d) Street No.: Park Lane Hotel. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21. year 1940 hour 6:40 minute P. M.

21. I hereby certify that I attended the deceased from Oct 27, 1939, to Feb. 21, 1940 that I last saw he alive on Feb. 21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Carcinoma of ovary	1 year
Due to 49	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma of ovary	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Lawrence P. Engel (M. D. or other)
Address: Plaza Med. Bldg. Date signed: Feb 23

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 3-17-39 I X19511

Dr. Larry Engel
2-30 Med. Plaza Bldg.
Kansas City

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 J. B. Waters

Licensed Embalmer No. 3992

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.