

NOV 12 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3988

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: Research Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

8. (a) PRINT FULL NAME Martha Jane Henkins

3. (b) If veteran, name war 1 Y 0 3. (c) Social Security No. None

4. Sex Fe 5. Color or race W/Y 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Not known 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased Not known  
(Month) (Day) (Year)

8. AGE: Years 77 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Not known  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Not known

13. Birthplace Not known  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

18. (a) Informant George Lewis

(b) Address C. 4

17. (a) Burial (b) Date thereof 10-17-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenhawn

18. (a) Signature of funeral director L. P. Lewis Funeral  
(b) Address C. 4

19. (a) 10-17-40 (b) M. M. Crowe  
(Date received local registrar) (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. 3400 Woodland  
2500 Prospect (If rural, give location)  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14  
year 1940 hour 2 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 10  
1940 to Oct. 14, 1940;

that I last saw her alive on Oct. 13 (11 P.M.), 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Intestinal obstruction

Due to Strangulated Femoral

Hernia

Other conditions Peritonitis 12200  
(Include pregnancy within 3 months of death)

Major findings: Strangulated Femoral

Of operations Hernia

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury i

23. Signature A. J. Stuntz (M. D. or other)  
Address 210 Wrayle Bldg Date signed Oct. 15

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

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**