No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35090

NOV 19 1940

Registration District No. 178 Primary Registration District No. 3011 Registrar's No. 160

4
2
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1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether years, months or days)
In this community 17 days

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. 1604 Norton
(If rural, give location)

(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME Augustus Henderson

3. (b) If veteran, name war Indian War

3. (c) Social Security No. None

4. Sex Male

5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Henderson

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

7. Birth date of deceased Jan. 4, 1863 (Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Wytheville, Virginia (City, town, or county) (State or foreign country)

10. Usual occupation waiter - unemployed

11. Industry or business

FATHER
12. Name John Henderson
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane ??
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address

17. (a) Kansas City, Mo. (Burial, cremation, or removal) (b) Date thereof 10-8-40 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Adkins Bros.
(b) Address Kansas City, Mo. Adkins Bros. Funeral Home

19. (a) Oct 16-40 (Date received local registrar) (b) Mae Rae McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th year 1940 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 21, 1940, to October 7, 1940; that I last saw him alive on October 7, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	
Due to: Carcinoma of the Penis with inguinal Metastases	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: none-no operation	
Of autopsy: No 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? ---
While at work? -- (Specify type of place) (e) Means of injury ---

23. Signature H. A. GERTIAN, M.D., Clinical Director (M. D. or other) MD
Address Veterans Administration Facility Excelsior Springs, Mo. Date signed 10-8-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 11-13-440
Date Filed

MAR 15 1945

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 Edw G Edwards

Licensed Embalmer No. 3836

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.