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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41354

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4747

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

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: K. C. Gen Hosp. (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town 0 (If outside city or town limits, write "RURAL")

(d) Street No. 3513 St John (If rural, give location)

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

3. (a) PRINT FULL NAME JOSEPH HENSON

3. (b) If veteran, name war no

3. (c) Social Security No. Unknown

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Juliana Henson

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Nov. 14, 1909 (Month) (Day) (Year)

8. AGE: Years 31 Months 0 Days 28 If less than one day hr. min.

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

10. Usual occupation Service Station Attendant 0

11. Industry or business

FATHER
12. Name John Henson 1
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Laura Belle Means 1
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Juliana Henson

(b) Address 1533 Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-40 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Mo.

18. (a) Signature of funeral director C. H. Blackman & Son

(b) Address K. C. Mo.

19. (a) 12/13/40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 12-12-40 year minute 12 40 P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19, to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Sodium amytal poisoning	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 16 2	

Major findings:
Of operations
Of autopsy yes

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) Suicide

(b) Date of occurrence 12-12-40

(c) Where did injury occur? K. C. (City or town) Mo. (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) 5

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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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 D 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.