

JAN 8 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 5036

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: General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12/28/ to 12/29
(Specify whether years, months or days) Over 18 Years

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. 1429 1/2 East 18th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULLNAME Arlean Easter Henderson
3. (b) If veteran, name war None
3. (c) Social Security No. 437203-3022

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 29 year 1940
hour _____ minute 2:25 A.M.

4. Sex Fe 5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leo Henderson
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased: April 4, 1913
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years Months Days If less than one day
27 8 25 hr. _____ min.

Duration _____
Underline the cause to which death should be charged statistically.
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Splenic Les
Of operations _____
Of autopsy _____

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

10. Usual occupation Dancer

11. Industry or business _____

MOTHER FATHER
12. Name James Easter
13. Birthplace Montgomery Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Pearl Woodward
15. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Matilda N. Easter
(b) Address 927 East 17th St.

17. (a) burial (b) Date thereof Jan. 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 India

19. (a) 12-31-40 (b) Dr. M. Crow
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 12-28-40
(c) Where did injury occur? EC Jordan road
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Dr. M. Crow (M. D. or other) _____
Address _____ Date signed _____
(Specify type of place) _____
While at work (e) Means of injury _____

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.....

Josephine Manlove
.....
Licensed Embalmer No. *3994*

P. O. Address *1128 E. 23rd St.*

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, fact should be so stated above.