S. No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6037

Primary Registration District No. 100

Registrar's No. 809

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: 2836 Tracy Avenue (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -- (Specify whether In this community 71 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 2836 Tracy Avenue (If rural, give location) 8
(e) If foreign born, how long in U. S. A.? -- years. 0

3. (a) PRINT FULL NAME Mrs. Olive Leah Henson Hare
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Mr. Frank B. Hare
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased February (Month) 10 (Day) 1870 (Year)

8. AGE: Years 71 Months 0 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace Independence (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation At Home
11. Industry or business --
FATHER
12. Name Daniel D. Henson
13. Birthplace Independence (City, town, or county) Missouri (State or foreign country) 0
MOTHER
14. Maiden name Mary E Unk.
15. Birthplace Independence (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant Mrs. Golden Nilson
(b) Address 2836 Tracy
17. (a) ___ (Burial, cremation, or removal) (b) Date thereof Feb. 25, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Indep. Mo
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 7/25/41 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23rd year 1941 hour 8 minute 05 P. M.
21. I hereby certify that I attended the deceased from Dec, 1936 to Feb 23, 1941 that I last saw her alive on Feb 1, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 hour
Due to arteriosclerotic hypertension	5-6
Due to Glomerular nephritis	4
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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 0
23. Signature [illegible] (M. D. or other)
Address 820 Professional Bldg. Date signed 2/24/41

(Licensed Embalmer's Statement on Reverse Side)

820 Professional Bldg
11-4

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 Earle M. Calhoun

Licensed Embalmer No. 3506

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, fact should be so stated above.