FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10879

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 73

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 828 S Crysler 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Samuel Taylor Henley
3. (b) If veteran, name war →
3. (c) Social Security No. →
4. Sex Male 0
5. Color or race wh.
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Eleanor T. Henley
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased May (Month) 6 (Day) 1862 (Year)

8. AGE: Years 78 Months 10 Days 8 If less than one day hr. min.

9. Birthplace Westfield (City, town, or county) Ind (State or foreign country) 1
10. Usual occupation Retired
11. Industry or business Grocery Business
FATHER
12. Name John Henley
13. Birthplace South Carolina (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Mary Allen
15. Birthplace Ind (City, town, or county) (State or foreign country) 1
16. (a) Informant Tindall Henley
(b) Address 828 S. Crysler
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 17-41 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn
18. (a) Signature of funeral director Ott + Mitchell
(b) Address Independence, Mo.
19. (a) March 15 41 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1941 hour 10 minute 20 P. M.
21. I hereby certify that I attended the deceased from 1925, 19__, to 3 - 14, 1941;
that I last saw him alive on March 14, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ch Endocarditis Senility	
Due to Influenza 9 21	Dec 1.40
Due to	
Other conditions Hypertension, ch Prostitutis (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? 3 60 (Specify type of place)
While at work? (e) Means of injury
23. Signature Frore M Polk (M. D. or other) 11
Address 11037 Wiener Rd Indep Date signed 3-15-41

(Licensed Embalmer's Statement on Reverse Side)

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 Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Henry D. Mitchell

Licensed Embalmer No. 3925

P. O. Address Independence Mo.

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

If this body is not embalmed, fact should be so stated above.

No. 2
1-4-41
17-39
X26390

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. 10879

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 73

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Samuel Taylor Henley
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 78 Months 10 Days 8 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
FATHER 13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
MOTHER 15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) June 7, 41 (Date received local registrar) (b) F. L. Cook M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 14 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 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	
Due to	
Due to	
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

23. Signature Geo. M. Polk (M. D. or other)
Address Independence Date signed

SUPPLEMENTARY

(Licensed Embalmer's Statement on Reverse Side)

1941
5-10879

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.