

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

MAY 13 1941

DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

13959

State File No. _____

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 438

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST. JOSEPH
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 yrs 11 mo 26 da
(Specify whether In this community. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4032 Raytown Road
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? (Naturalized) years.

3. (a) PRINT FULL NAME EMILY JANE HENSON

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 17
year 1941 hour 7 minute 20 P.M.

3. (b) If veteran, name war _____ (c) Social Security No. None

21. I hereby certify that I attended the deceased from July 1, 1940, to April 17, 1941; that I last saw her alive on April 17, 1941; and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
7. Birth date of deceased: Sept. 2, 1857
(Month) (Day) (Year)

Immediate cause of death: Bronchopneumonia Duration 8 days
Due to _____
Due to _____

8. AGE: Years 83 Months 7 Days 15 If less than one day _____ hr. _____ min.

Other conditions: Arteriosclerosis with cerebral arteriosclerosis
Hypertensive Heart Disease
Make findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Harker

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address State Hosp #2, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 4-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director H. B. ...
(b) Address ...

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? 85
(Specify type of place)
While at work? _____ (e) Means of injury _____

19. (a) 4/18/41 (b) H. J. ...
(Date received from registrar) (Registrar's signature)

23. Signature H. J. ... (M. D. ...)
Address State Hospital #2, St. Joseph, Mo. Date signed 4-17-41

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 *N. B. Langford*

Licensed Embalmer No. *3833*

P. O. Address *Leis Summit*

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.