S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24167

Registrar's No. 2706

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 — 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-24-41-7-13-41 (Specify whether
In this community 2 Months
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. 5212 E. 35th St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

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3. (a) PRINT FULL NAME Freddie Lee Henderson Jr.

3. (b) If veteran, name war — no

3. (c) Social Security No. — no

4. Sex Male 0

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased 4 (Month) 23 (Day) 1941 (Year)

8. AGE: Years 0 | Months 2 | Days 20 | If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Freddie Lee Henderson
13. Birthplace (City, town, or county) Ark. 0 (State or foreign country)

MOTHER
14. Maiden name Imogene Shohe
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-16-41 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director H. B. Moore
(b) Address 1820 E-18th St.

19. (a) July 19, 1941 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 13 year 41 hour 11 minute 18 P.M.

21. I hereby certify that I attended the deceased from 6-24- 19 41 to 7-13- 1941; that I last saw him alive on 7-13- 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congenital Syphilis	
Due to 24 7	
Due to 20 7	
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 [illegible] (M. D. or other)
Address Gen. Hosp. #2 Date signed 7-14-41

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(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

H B Moore, Registered Apprentice No.

working under my personal supervision.

Signed H B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 Eighth 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.