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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33739  
Registrar's No. 3670

FILED NOV 13 1941  
Registration District No. 279

Primary Registration District No. 1002

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 N.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo. & 25 days  
(Specify whether  
In this community 50 yrs. 0  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 3721 Broadway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1st  
year 1941 hour 5 minute 30 A.M. M.

21. I hereby certify that I attended the deceased from  
8-5-41, 19... to 10-1-41, 19...;

that I last saw her alive on 10-1-41  
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic carcinoma, primary in breast

Due to 50

Due to 50

Other conditions 50  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 50

Of autopsy None Yes

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Wm. R. Thoon (M. D. or other) 1941  
Address ed. Dir. K.C. Gen. Hospital Date signed

3. (a) PRINT FULL NAME JENNIE HENDERSON

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. W. Bert Henderson 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased July 7 1882  
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Mrs. Baker B. Marsteller

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

14. Maiden name Adeline Bowman

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

16. (a) Informant Miss. Hattie Marsteller  
(b) Address 3721 Broadway

17. (a) Burial (b) Date thereof 10 3 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery  
(d) Signature of funeral director Freeman Mortuary  
(b) Address 104 West 42nd., Street  
(a) 10/21/41 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

361

(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

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

working under my personal supervision.

Signed

*Clarence W. Childs*

Licensed Embalmer No.

3473

P. O. Address

26 e 760

**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.**