

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

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution K.C. General Hospital No. 1
 (d) Length of stay: In hospital or institution 1 Mo. & 16 days
 In this community Over 20 yrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (d) Street No. 2815 Brooklyn
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME HUBERT HENSON
 3. (b) If veteran, name war No
 3. (c) Social Security No. 510-03-9248

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 13th
 year 1941 hour 7 minute 15 P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Henson
 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased unk 1882

21. I hereby certify that I attended the deceased from 10-27-41 to 12-13-41
 that I last saw him alive on 12-13-41
 and that death occurred on the date and hour stated above.

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

Immediate cause of death Aleukemic leukemia
 Duration _____

9. Birthplace Mt. Vernon Mo.
 10. Usual occupation Iron Worker

Due to _____
 Due to _____
 Other conditions 74
 (Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Joe Henson
 13. Birthplace Penn.
 14. Maiden name Do not know
 15. Birthplace Do not know
 16. (a) Informant _____
 (b) Address 261 1/2 Indep. Blvd.

Major findings: Of operations _____
 Of autopsy See above
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof Dec. 17 41
 (c) Place: burial or cremation Elmwood

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Passantino Bros
 (b) Address Kansas City Mo.
 19. (a) Dec 16 1941 (b) M. M. Crown
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Henry R. Thom (M. D. or other) _____
 Address Med. Dir. K.C. Gen. Hospital Date signed _____

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

298

048
338

MOTHER FATHER

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..... Park G. Rowe.....

Licensed Embalmer No. 2347.....

- P. O. Address..... Kansas City 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.