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FILED FEB 11 1942
Registration District No. 379

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson
(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: K. 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. & 8 days
(Specify whether
In this community 25 Years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Frances Henderson
(b) If veteran, name war No
(c) Social Security No. None

4. Sex Female / race White / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William F. Henderson
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased July 4 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days 28
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER {
12. Name Fred W. Burns
13. Birthplace Rutland Vermont
(City, town, or county) (State or foreign country)
14. Maiden name Nancy A. Arnold
15. Birthplace North Adams Massachusetts
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. F. Henderson
(b) Address 2725 Cherry Street

17. (a) Cremation (b) Date thereof Jan. 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer
(b) Address 1401 Brush Creek Blvd.

19. (a) 1/3/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2725 Cherry St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 1st
year 1942 hour 8 minute 45 A.M.
21. I hereby certify that I attended the deceased from 11-24-41, 19 , to 1-1-42, 19 ;
that I last saw her alive on 1-1-42, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast
Due to 5
Due to 50
Other conditions 50
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: See above
Of operations See above
Of autopsy See above
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? _____

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

MAR 17 1943

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

Emile M. Calhoun

Licensed Embalmer No. *3506*

P. O. Address *R. E. 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.