

S. No. 2
M-9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9650**

FILED APR. 25 1942 99

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **1507**

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

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:
1912 East 19th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community **over 50 years**
(Specify whether 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")

(d) Street No. **1912 East 19th Street 8**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **D**

3. (a) PRINT FULL NAME **Charles Henry Henderson**

3. (b) If veteran, name war _____

3. (c) Social Security No. **Unknown**

4. Sex **Male 2**

5. Color or race **Col**

6. (a) Single, widowed, married, divorced, **Widowed 2**

6. (b) Name of husband or wife **Hattie Henderson**

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

7. Birth date of deceased **March 26 1874**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	0	10	hr. _____ min. _____

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

10. Usual occupation **Common Laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Winston Henderson**

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

14. Maiden name **Susan**

15. Birthplace **Unknown 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mattie McKinney**

(b) Address **Guthrie, Oklahoma**

17. (a) **removal** (Burial, cremation, or removal) (b) Date thereof **4/17/42**
(Month) (Year) (Year)

(c) Place: burial or cremation **Guthrie, Okla. Watkins Bros.**

18. (a) Signature of funeral director **W. M. Crowe**

(b) Address **1729 Lydia**

19. (a) **4-16-42** (Date received local registrar) (b) **W. M. Crowe** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **6th**
year **1942** hour **7** minute **30 A. M.**

21. I hereby certify that I attended the deceased from **4**
4 1942 to **4-6** 1942
that I last saw him alive on **4-4** 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

mitral Regurgitation

Due to _____

Due to **Cardiac Decompensation**

Other conditions (Include pregnancy within 3 months of death) **92 B**

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **W. M. Crowe** (M. D. or other) **M.D.**
Address **1618 Lydia** Date signed **4/14/42**

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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.....

Isaac Monroe

Licensed Embalmer No.....

3994

P. O. Address.....

2503 Highland

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.