V. S. No. 2
50M—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

17001

State File No.

FILED JUN 6 1942

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2082

48
3
8

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:
Mail Room of Union Station, 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether
In this community 27 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson, 3
(c) City or town Kansas City, 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1602 East 52nd Street, 0
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME William G. Henry,

3. (b) If veteran, name war World War
3. (c) Social Security No. none

4. Sex Male D
5. Color or race White /
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena M. Henry
6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased January (Month) 20 (Day) 1888 (Year)

8. AGE: Years 54 Months 4 Days 5 If less than one day hr. min.

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

10. Usual occupation Railway Mail Service,

11. Industry or business x

FATHER
12. Name Andrew J. Henry,
13. Birthplace Ireland, 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rachel A. Gaston,
15. Birthplace Illinois, / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena M. Henry,
(b) Address 1602 East 52nd St., Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Chanute, Kansas.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-28-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th year 1942 hour 9:35 minute P M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw her alive on ..., 19..., and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Acute pulmonary edema

Due to Acute coronary occlusion

Due to

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy yes

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 3

23. Signature [signature] (M. D. or other)
Address K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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JUN 8 1942

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.