

FILED SEP 11 1942
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3287

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
1624 E. 18th St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 2 1/2 yrs, 10 mo, 8 da.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1312 Woodland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louise Henderson
(b) If veteran, name war _____
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 2
year 42 hour _____ minute _____ M.

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Edward Henderson 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased October 24, 1917
(Month) (Day) (Year)

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

8. AGE: Years 2 1/2 Months 10 Days 8 If less than one day
hr. _____ min. _____

Immediate cause of death Shot wound of the head
Duration _____

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

Due to _____
Due to _____

10. Usual occupation Domestic

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

11. Industry or business _____

PHYSICIAN _____

MOTHER FATHER { 12. Name Calvin Krance
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Modest Bush
15. Birthplace Shel Co. Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy See above

16. (a) Informant Edward Henderson
(b) Address 1919 Highland

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide

17. (a) Burial (b) Date thereof Sept 5, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence 9/2/42
(c) Where did injury occur? 1624 E. 18th St Jackson Co
(City or town) (County) (State)

(c) Place: burial or cremation Blue Ridge Lawn

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place - 1624 E. 18th

18. (a) Signature of funeral director E. St. Louis
(b) Address 1212 Vine St. K.C. Mo.

(Specify type of place) _____
(c) Means of injury firearms

19. (a) 9-4-42 (b) m m Crowe
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
Address K.C. Mo. Date signed 9/2/42

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

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. Sterling Bell

Licensed Embalmer No.

3178

P. O. Address

1212 Vine St. H.C.

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.